

United States – Russia Health Committee

1994 -- 2000

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For more information on the U.S. – Russia Health Committee, its activities, and the contents of this text, please contact:

Office for Europe and the New Independent States

**Office of International and Refugee Health
U.S. Department of Health and Human Services
5600 Fishers Lane
Suite 18-90
Rockville, MD 20857
United States of America
Tel: 301 443 9426
Fax: 301 443 0742**

and

**International Relations Division
Ministry of Health of the Federation of Russia
Russian Federation
101431 Moscow
Rakhmanovsky Pereulok, 3
Tel.: (095) 925 11 40
Fax: (095) 200 02 12**

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Acronyms Used in This Text

ACP	American College of Physicians
AHCPR	Administration for Health Care Policy and Research
AHRQ	Agency for Healthcare Research and Quality
AIDS	Acquired Immune Deficiency Syndrome
AIHA	American International Health Alliance
CDC	Centers for Disease Control and Prevention
CMHS	Center for Mental Health Services
CPHRI	Central Public Health Research Institute
CRDF	Civilian Research and Development Foundation
CTRI	Central Tuberculosis Research Institute
CVD	Cardio-vascular Disease
DHHS	U.S. Department of Health and Human Services
EMERCOM	Ministry of Emergency Situations
EPA	Environmental Protection Agency
EPC	Evidence Practice Center
EREIDS	Emerging and Re-emerging Infectious Diseases
FAS	Fetal Alcohol Syndrome
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FIC	Fogarty International Center
GCC	Gore Chernomyrdin Commission
GCP	Good Clinical Practices
GMP	Good Manufacturing Practices
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
IHPA	Institute of Health Policy Analysis
IVDU	Intravenous Drug User
MCH	Maternal and Child Health
MDR-T B	Multi-drug resistant tuberculosis
MMA	Moscow Medical Academy
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSEI	MedSocEconomInform
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCEH	National Center for Environmental Health
NCHS	National Center for Health Statistics
NCHSTP	National Center for HIV, STDs, and TB Prevention
NCID	National Center for Infectious Diseases
NCPM	National Center for Preventive Medicine
NGO	Non-governmental Organization
NHLBI	National Heart Lung and Blood Institute
NIAAA	National Institute of Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NLM	National Library of Medicine

ODPHP	Office of Disease Prevention and Health Promotion
OGH	Office of Global Health
OIRH	Office of International and Refugee Health
OTC	Over The Counter
PASA	Participating Agency Service Agreement
PMU	Pavlov Medical University
PSA	Public Service Announcement
QAP	Quality Assurance Project
RAMS	Russian Academy of Medical Sciences
RF	Russian Federation
SABIT	Special American Business Intern Training
SAMHSA	Substance Abuse and Mental Health Services Administration
SCSML	State Central Scientific Medical Library
STD	Sexually Transmitted Disease
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USDA	United States Department of Agriculture
USIA	United States Information Agency
USSR	Union of Soviet Socialist Republics
WHO	World Health Organization
WIN	Women and Infant's Program
WRHP	Women's Reproductive Health Project
YRBS	Youth Risk Behavior Survey

Letter from the U.S. Russia Health Committee Co-chairs

Moscow, July 20, 2000

This joint publication summarizes the successes and activities of the past six years of the Health Committee by priority area. The short descriptions in each section only scratch the surface of commitment, time and effort involved.

At the end of this report we recognize those individuals and organizations who have been involved in our collaboration over the past six years; and the publications and other products that resulted from our work together. We are truly inspired by the variety of specialties and the commitment of so many staff members on both sides who participated in the U.S. – Russian collaboration in public health.

We would also like to recognize, with great appreciation, the contributions of the leadership and staff at the United States Agency for International Development (USAID). Their commitment and involvement in improving the health of the Russian people has been an indispensable part of our successes. USAID officials have served as vice-chair for the U.S. side of the Health Committee since its inception.

We deeply appreciate the many U.S. and Russian health experts and organizations for their assistance and active participation in the activities of the U.S. Russia Health Committee.

Donna E. Shalala
Secretary of Health
and Human Services
United States of America

Yuri Shevchenko
Minister of Health
Russian Federation

Introduction and History of U.S.-Russia Cooperation on Health

Cooperation in health between the United States and Russia was forged at the height of the post WWII “Cold War” era and was informally established when health professionals began exchanges and work on common medical problems. The great desire for peace between the U.S. and U.S.S.R. and policies of “peaceful coexistence” in the mid-fifties led to the formal agreement in 1958 for cultural, educational, and scientific cooperation. Exchanges and work began first in cardiology, in 1955, and in 1956 on the development of a vaccine for poliomyelitis. Between 1957 and 1960, more than 12 million children in the USSR received the Salk vaccine; between 1958 and 1963 the Sabin polio vaccine was introduced and given to more than 90 million persons. The USSR also exported the vaccine to Soviet-bloc countries, and other trading partners. The world-wide reduction of polio was a direct result of this cooperation. Similar collaborative efforts, through the World Health Organization, contributed to the elimination of smallpox. These were and are astounding public health success stories.

During the visit of President Nixon to Moscow in May of 1972, both Governments signed the “Agreement for Cooperation in the Field of Medical Science and Public Health” and began the first U.S.-USSR “Joint Committee for Health Cooperation.” In 1973, at a second session of the Joint Health Committee, plans for cooperation in three major areas were approved -- cardiovascular diseases, cancer, and environmental health. Cooperation expanded and involved many of the U.S. National Institutes of Health (NIH) and Centers for Disease Control (CDC) with counterpart Soviet Institutes and All-Union Centers. A “hot line” was established between the U.S. Department of Health and Human Services (DHHS) and the Soviet Ministry of Health (MOH). This hotline had one of the first English/Cyrillic punched paper tape telex machines; it was used until 1980. The DHHS unit was retired to the Smithsonian Institution. Most of these exchanges focused on biomedical research and were done for mutual benefit with full sharing of costs. This situation changed substantially with the breakup of the Soviet Union. There was a dramatic shift in fortunes of the academic and all-union academic centers and institutes, the natural partners of the NIH Institutes and CDC.

In 1992, U.S. assistance was sought by Russian health authorities through the U.S. Agency for International Development (USAID) for supplying green monkeys to the Institute of Poliomyelitis to maintain their ability to test their polio vaccine for neurovirulence and produce a commercial vaccine. The exchanges and assistance soon expanded to include the U.S. Food and Drug Administration (FDA) and the CDC, taking on a more applied and public health oriented program of cooperation supported by the USAID. Opening trade with former Soviet-bloc countries, moving drugs and pharmaceuticals into Russia, registering pharmaceuticals, and outbreak investigations and support in diphtheria were initial high priority topics.

To reestablish and continue formal Ministry-to-Ministry relationships, in January 1994, the U.S. and Russian Governments signed a new agreement “On Cooperation in the Fields of Public Health and Biomedical Research.” This agreement was renewed for a second five-year term in March of 1999.

There was no specific requirement for reestablishing a Health Committee, but with the support of the Russian Government, Office of the Vice President, and USAID, a U.S.-Russia Health Committee was established and joined other Committees under the “US-Russia Joint Commission on Economic and Technological Cooperation.” On December 5, 1994, the first meeting of the Health Committee was held in Moscow, at the Ministry of Health, co-chaired by Secretary, DHHS, Donna Shalala and Russian Minister of Health and Medical Industry, Edward Nechayev. The report here describes in detail the program of cooperation that ensued for a total of 9 Health Committee meetings (see Health Committee Timeline, page 51 of this document). The visibility accorded the Health Committee in reporting to the Vice-President Joint Commission greatly expanded its ability to leverage community support and resources and have far reaching impact.

As we look to the future, there is a continued need and rationale for maintaining close Ministry-to-Department ties and institutional cooperation in health. We recognize the globalization of health issues ranging from the development of vaccines to the need to develop equitable, fair, and comprehensive health care systems through which to deliver quality health care to all the citizens. The Health Committee is a natural and useful venue to continue to target key health issues on which the U.S. and Russia can collaborate.

Access to Quality Health Care
Current Priority Area
September 1997 to present

History: *Access to Quality Health Care* was created as a priority area in September 1997 during the sixth meeting of the Health Committee. It incorporated two former areas “Strengthening Primary Care Practice” and “Health Reform and Policy Dialogue.” At the 8th meeting of the Health Committee in March 1999, the following priority areas and sub areas were also brought under the umbrella of this priority area: Alcohol and Drug Abuse, Health Education and Promotion, and Mental Health.

Goal: The goal of *Access to Quality Health Care* is to assist the Russian Federation to advance institutional and provider capacity by measuring quality improvement, improving the quality of primary care, and supporting clinical practice based on scientific evidence.

Accomplishments:

- ***Established a Quality Assurance Project (QAP).*** The QAP developed a Russian training course in quality assurance and conducted a program for training trainers in quality assurance for a team of 28 senior Russian health professionals. In turn, they have conducted this training for about 150 other health care professionals who are currently active on quality improvement teams. Three demonstration projects are currently in progress. These projects are: Improving the System of Hypertension Care in Tula Oblast; Improving Care for Women with Pregnancy-Induced Hypertension; and Redesigning the System of Care for Neonates with Respiratory Distress Syndrome in Tver Oblast. Quality indicators have been developed for the three clinical areas. Many tangible results have been achieved, including the evidence-based clinical guidelines in the three clinical areas of the project, the redesigned systems of care, and the quality monitoring systems. Other, less tangible but equally important, accomplishments include the fostering of a team-based problem-solving approach to improving systems of care, the adoption of evidence-based medicine as an essential ingredient in improvement, and the use of modern data-based quality management approaches. The current demonstration sites will expand to other sites in Tula and Tver oblasts. *Impact:* Implementation of the new systems of care in the Tula and Tver demonstration sites resulted in a reduction of morbidity and complication rates and formed a basis for significant reforms in the health sector in these oblasts, as well as in other regions of Russia.
- ***Published a Health Care Quality Glossary.*** In 1999, a team of Russian and U.S. experts in quality developed a lexicon to support comparative analyses within and among the health care systems of countries and to encourage cooperation among researchers in health care. At the 8th meeting of the Health Committee in January 1999, a joint statement was signed by Minister Starodubov and Secretary Shalala on the publication of this document. *Impact:* The

publication of the Glossary unified the terminology for international and Russian specialists and assisted in communication efforts within the bilateral collaboration. It also led to rapid dissemination of this terminology and increased interest to this area of collaboration in Russia. The glossary is in high demand from other international organizations, as well as from other NIS countries.

- ***Augmented quality library at Central Russian Public Health Institute.*** In early 2000, AHRQ supported the acquisition of books and articles for a quality library to support the work of researchers at the Central Research Public Health Institute. *Impact:* The library is getting new materials and is in high demand among specialists, dealing with the issues of health care quality in the pilot territories as well as in other territories of Russia. The necessary information has been put on the Internet.
- ***Convened Primary Care Roundtable.*** In December 1998 the U.S. and Russia convened a Primary Care Roundtable of experts to identify potential projects for improving primary care. Participants at the Roundtable developed a 10-point plan or blueprint for primary care projects. Subsequently, the plan was approved by the Ministry of Health of the Russian Federation at the U.S.-Russia Binational Health Committee meeting in March 1999.
- ***Developed treatment standards for diseases in primary care.*** The QAP and American College of Physicians (ACP) programs have developed treatment standards in several key conditions (e.g., hypertension, pregnancy-induced hypertension, respiratory distress syndrome, diabetes). Former American International Health Alliance (AIHA) partnerships have also identified and developed treatment standards, such as infection control, and new partnerships that may identify other conditions for evaluation. *Impact:* Respective clinical-organizational guidelines were published, disseminated and are being used. These guidelines have had success with Russian specialists and are in demand with the international organizations. They are also of potential interest for other NIS countries.
- ***Emphasized prevention in clinical treatment.*** AHRQ arranged for translation of *Put Prevention into Practice* adult and child guides into Russian. These guides were developed by the U.S. Public Health Service and are based on evidence about effective clinical preventive services. AHRQ also arranged for the translation of the U.S. Public Health Service Smoking Cessation Consumer Guide and Executive Summary. This activity has the potential to have a high impact.
- ***Developed primary care curricula and train physicians.*** The Institute of Health Policy Analysis (IHPA) and the American College of Physicians (ACP) began developing science-based curricula and training physician leadership in treatment of diseases and conditions found in primary care practice: hypertension, diabetes, and tuberculosis. The first phase of training was

held in Ekaterinburg, Khabarovsk, and Kazan. Over 500 Russian physicians have attended these trainings.

- ***Improved availability, collection, and analysis of health statistics in Russia.*** In 1999, the National Center for Health Statistics (NCHS) with then-MedSocEconInform (MSEI) held a training course for senior managers on ICD-10 rules for mortality, morbidity, and underlying cause of death coding and developed a Russian version of the ICD-10 training course. Birth and death certificates were revised to include health and socioeconomic data such as birth weight, gestational age and education and approved for use by the Russian Federation Ministry of Justice in April 1999. A bilingual report of maternal and child health in Russia and the U.S. on a broad range of health measures for mothers, infants, children and adolescents for the years 1990-1995 was published with the help of NICHD in April 1999 and is available in printed form and on the Internet. A jointly authored JAMA article was also generated from this report. *Impact:* The publication of comparative data of health care systems and health status of the population of Russia and US evoked interest among experts in both countries as well as in international organizations. The field testing of computerized ICD-10 courses and of+ birth and death certificates as well as preparation for their broader use will allow for more detailed definition of the causes of morbidity and mortality as well as ways to control them. Results are of big interest for Russia, the international community, (especially the WHO) and other countries of the NIS.
- ***Alcoholism Prevention.*** In May 1998, a training course on alcohol prevention in the primary care setting was conducted for medical school faculty using the National Institute of Alcohol Abuse and Alcoholism (NIAAA) text "International Medical Education Model for the Prevention and Treatment of Alcohol-Use Disorders." The Department of Pharmacology of the St. Petersburg State Pavlov Medical Academy conducted an evaluation of the course to determine changes in teaching methods, formal curriculum, and clinical behaviors as a result of the training. One hundred percent of the respondents reported that they have implemented educational plans using the knowledge gained in this course. On December 5 - 9, 1999, NIAAA sponsored a faculty development workshop in Prevention and Treatment of Alcohol Use Disorders for faculty from medical schools throughout Russia. Training was lead by Russian faculty from medical academies in Moscow and St. Petersburg teamed with U.S. faculty from the Universities of Wisconsin, North Carolina and Louisville.
- ***Substance Abuse and Primary Care.*** In September 1997, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of State/International Narcotics and Law Enforcement entered into an agreement to fund training and technical assistance related to drug prevention, education, and treatment programming in Russia and the NIS. A five-part curriculum for primary care physicians on primary prevention was developed. The curriculum was pilot tested at the American International Health Alliance (AIHA) meeting in November 1999. Based on comments received from the AIHA audience the curriculum was

revised and presented on December 6, 1999, to faculty from medical schools throughout Russia responsible for developing Family Practice curricula. An extended version was presented over three days to health professionals from Russian and the NIS in Sarov in April 2000.

- ***Substance Abuse and School Curriculum Development.*** Similarly, through SAMHSA, materials on illegal drug prevention have been completed for teachers, parents, and children for grades 1 – 4 and are under review by the Ministry of Education; materials for Grades 5-11 are near completion, and an outline for Grades 5-11 is with the Ministry of Education for preliminary approval. These materials are part of a comprehensive community-based prevention effort, and will be distributed (along with the materials for primary care providers) in regional training courses for communities, targeting health care providers, parents, young people, educators, law enforcement and the clergy and their roles in community-based prevention efforts.
- ***Treatment of Depression in Primary Care.*** Eight primary care practices in Moscow, Tomsk, Yaroslavl, Dubna, and Tula, have established computer assisted screening programs for identifying patients with clinical depression and have initiated treatment protocols in consultation with psychiatrists to evaluate the effectiveness of reducing symptoms and associated disability. The demonstration site in Tula was established for the treatment of both depression and hypertension. Those sites were provided lap-top computers to help manage the treatment of depression and to administer a computer assisted diagnostic interview for depression and other mental addictive disorders by the WHO Composite International Diagnostic Interview (CIDI). To date, over 2500 eligible patients have been entered into protocols. The project has identified prevalence rates of depression diagnosis in primary care practices of approximately 32 percent. A high proportion of these patients have responded to treatment and are now being managed by primary care physicians. A WHO-qualified training center for the CIDI will permit wide-spread use of this instrument in Russia for primary care treatment studies. In June 2000, AIHA trained sixteen other physicians in this model, with more trainings planned for the future. *Impact:* Based on the results of this demonstration project, recommendations on the treatment of depression in primary care have been developed by the Ministry of Health. The broad introduction of the results and recommendations from this project was performed.
- ***Establishment of an Evidence-based Practice Center (EPC) at Moscow Medical Academy.*** In 1999, a physician and associate professor at Moscow Medical Academy (MMA), was trained in evidence-based medicine at Duke University. During this training, a proposal for the establishment of an EPC at MMA was developed and approved. Equipment purchasing and the hiring and training of staff for the EPC began Summer 2000. The EPC plans to publish its first evidence report on “Monitoring Blood Pressure in the Primary Care Setting” September 2001.

- ***Convened a Quality Conference.*** In July 2000, health care leaders and clinicians in Tula and Tver joined with U.S. and Russian colleagues to discuss the success of the QAP demonstrations in Tula and Tver over the past two years, and to discuss the future expansion of the projects oblast wide. The projects were dedicated to improving systems and processes of care. Tula focused on improving the treatment of hypertension in adults; Tver selected the conditions of respiratory distress in newborns and pregnancy-induced hypertension. *Impact:* The conference recommendations are being used by the health care administrations within the Russian Federation, as well as by federal health authorities. They have evoked the interest of international organizations, and there is also significant interest and demand for methodological assistance in this area by the territories of the Russian Federation.

Area leads and other key participants:

For the United States:

John M. Eisenberg, M.D., M.B.A., Director, Agency for Healthcare Research and Quality,
*Current Point of Contact for the Health Committee, and Area Lead for Access to
 Quality Health Care*

Edward Burger, M.D., Institute for Health Policy Analysis, Tel.: (202) 463 0673,
 Fax: (202) 463 0674, E-mail: ejburger@emep-online.org

Richard Farmer, M.D., American College of Physicians, Tel.: (202) 261-4500,
 E-mail: rgfarmer@emep-online.org

David Lozovsky, M.D., Ph.D., D. Sc., Senior Science Advisor, Office of the Director,
 National Institute for Mental Health, Tel (301) 443 7856, Fax: (301) 443 8552,
 E-mail: dlozovsk@mail.nih.gov

Rashad Massoud, M.D., Director, Quality Assurance Project, University Research Corporation,
 Tel. (301) 654 8338, Fax (301) 941 8650, E-mail: rmassoud@urc-chs.com

Gregg Meyer, M.D., Director, Center for Quality Management and Improvement, Agency for
 Healthcare Research and Quality, Tel.: (301) 594 1783, Fax: (301) 594 2155, E-mail:
GMeyer@ahrq.gov

Winnie Mitchell, Substance Abuse and Mental Health Services Administration,
 Tel.: (301) 443 2324, wmitchel@samhsa.gov

Peggy Murray, Coordinator, International Research and Training Program, National Institute on
 Alcohol Abuse and Alcoholism, National Institutes of Health, Tel.: 301 443 2594,
 E-mail: pm76k@nih.gov

David Nicholas, M.D., Vice President, University Research Corporation, Tel. (301) 654 8338,
 Fax (301) 941 8650, E-mail: dnicholas@urc-chs.com

John Noble, M.D., Boston University School of Medicine, jnoble@bu.edu

Francis Notzon, Ph.D., National Center for Health Statistics, Centers for Disease Control and
 Prevention, Tel.: (301) 458 4402, Fax: (301) 458 4044, E-mail: fcn2@cdc.gov

Deborah Queenan, Agency for Healthcare Research and Quality, Tel.: 301 594 1594,
Fax: (301) 594 2155, E-mail: dqueenan@ahrq.gov
Darrel Regier, M.D., M.P.H., former Associate Director, National Institute for Mental Health,
National Institutes of Health; currently, Deputy Medical Director and Director, Office of Research,
American Psychiatric Association, dregier@psych.org

For the Russian Federation:

Anatoly Vyalkov, M.D., Ph.D., Deputy Minister of Health, Tel.: (095) 925 11 40,
Fax: (095) 200 02 12 – *Current Area Lead*
Igor Denisov, M.D., Acad., Vice Rector, Moscow Medical Academy, Tel.: (095) 248 53 21,
Fax: (095) 248 01 81 – *Current Primary Care sub-area lead*
Yuri Komarov, M.D., Deputy Director of Science, Ministry of Railway Transport and Honorary
Scientist of the Russian Federation; also, former Director, Central Public Health Research Institute,
Tel/Fax (095): 153 27 59
Vladimir Starodubov, M.D., Acad., Director, Central Research Public Health Institute, Ministry of
Health, Tel.: (095) 218 11 09. Fax: (095) 219 38 40
Anna Korotkova, M.D., Chief, Center for Health Care Quality, Central Public Health Research
Institute, Tel/Fax : (095) 219 19 88.
Elmira Pogorelova, M.D., Chief, Center for the Introduction of ICD-10, Central Public Health
Research Institute, Tel.: (095) 218 11 09, Fax: (095) 219 38 40
Alexei Savinykh, M.D., Central Public Health Research Institute, Tel.: (095) 218 11 09,
Fax: (095) 219 38 40
Alexander I. Zlobin, M.D., D.Sc., Director, Tver Oblast Health Department,
Tel/Fax: (082) 2 (2) 33 04 82.

Valery Krasnov, M.D., D. Sc., Professor, Director, Moscow Institute of Psychiatry,
Tel.: (095) 963 76 26, Fax: (095) 162 10 03

Elena Novitchkova, M.D., Moscow Medical Academy, Tel.: (095) 248 05 53, Fax: (095) 248 01 81

Elena I. Chernienko, M.D., Director, Tula Oblast Health Department, Tel.: (087) 2 21 94 33,
Fax: (087) 2 31 16 24

Alcohol and Drug Abuse
Created as a sub-area of older priority area, Health Education and Promotion
July 1996 – March 1999

History: At the fourth meeting of the Health Committee in July 1996, it was decided to create a sub-area under “Health Education and Promotion” on “Drug and Alcohol Abuse”. In March, 1999 during the eighth meeting of the Health Committee, the decision was made to subsume the activities of this sub-area to where they best fit within the priority areas of “Access to Quality Health Care”, “The Control and Prevention of Infectious Diseases”, and “Maternal

Goal: To develop strategies for dealing with alcohol and drug abuse in the Russian Federation.

Accomplishments and Impact:

- ***Project Northland piloted in Moscow City primary and secondary schools.*** Begun in the Fall of 1996 in 20 schools in Moscow, this three year long project modeled a community and school based strategy and curricula designed to educate children on the dangers of alcohol use and increase the number of children delaying the onset of use of alcohol, tobacco, and substances of abuse. Preliminary data from this project are positive.
- ***Joint workshops on the Prevention of HIV and Other Infectious Diseases among IVDUs.*** In October 1997 and again in February 1998, NIDA and the Pavlov Medical University (PMU) co-hosted workshops designed to develop research and prevention strategies for IVDU populations in St. Petersburg. A third workshop was held in May, 1999. A number of small collaborative projects in drug abuse and infectious disease control were initiated. These workshops have helped to solidify the collaborative relationship between NIDA and PMU.
- ***Joint CRDF sponsored research between NIH institutes and their Russian counterparts.*** A number of joint behavioral and bio-medical research projects were initiated under the years of the Health Committee. These project focus on alcohol abuse and alcoholism, illegal drug abuse, and the interaction between illegal drug use and HIV infection. The National Institute of Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism are the primary NIH institutes involved in these projects.
- ***Fetal Alcohol Syndrome Project.*** Following a visit by a U.S. team concerned with fetal alcohol syndrome (FAS), Russian FAS specialists visited the U.S. in October, 1998 on a study tour. A joint collaboration between NIAAA and Moscow scientists began which will develop a training program for Russian physicians in the diagnosis and referral of children affected with FAS, as well as establishing FAS incidence and prevalence rates among children in Moscow.

- ***Study of Women of Reproductive Age and Alcohol Intake.*** In Summer 1999, a survey was begun of women of reproductive age in the St. Petersburg area. The purpose of the study is to assess the knowledge, attitudes, and behavior and practices of these women concerning alcohol and substance abuse, nutrition, contraceptive use and other health behaviors, all useful information in developing strategies for promoting healthy behaviors, particularly those around alcohol use.

Area leads and other key participants:

For the United States:

Enoch Gordis, M.D., Director, National Institute on Alcohol Abuse and Alcoholism,
National Institutes of Health

Alan Leshner, Ph.D., Director, National Institute on Drug Abuse, National Institutes of Health

Nelba Chavez, Ph.D., Administrator, Substance Abuse and Mental Health Services Administration

Peggy Murray, Coordinator, International Research and Training Program, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Tel.: 301 443 2594,

E-mail: pm76k@nih.gov

M. Patricia Needle, Ph.D., Director, International Program, National Institute on Drug Abuse, National Institutes of Health, Tel.: (301) 594 1928, E-mail: pn28h@nih.gov

Camille Barry, Ph.D., Deputy Director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration

Joseph Autry III, M.D., Director, Division of Workplace Programs, Substance Abuse and Mental Health Services Administration

For the Russian Federation:

Vladimir Egorov, M.D., Director, Addiction Research Institute, later – Chief Narcologist,
Ministry of Health, Tel.: (095) 241 06 03

Tatiana Grechnaya, M.D., Director, Prevention Research, the Institute Against Drug Trafficking

Galina Marinicheva, M.D., Professor, Moscow Institute of Psychiatry, Tel.: (095) 963 76 26,

Fax: (095) 162 10 03

Edwin Zwartau, M.D., Professor, Pavlov Medical University, Tel.: (812) 234 66 57

Cardiovascular Disease
Created as a sub-area of older priority area, Health Education and Promotion
March 1998 – March 1999

History: At the seventh meeting of the Health Committee in March, 1998, a sub-area under “Health Education and Promotion” on “Cardio-vascular Disease”, was created in support of the National Heart Lung and Blood Institute’s twenty five years of collaboration with Russia. In March 1999 during the eighth meeting of the Health Committee, the decision was made to subsume the activities of this sub-area within the priority area of “Access to Quality Health

Goal: To develop strategies for approaching the growing problem of cardiovascular disease in the Russian Federation and United States.

Accomplishments and Impact:

- ***Policy document and resultant strategy.*** "Policies and Strategies for the Prevention of Cardiovascular and other Non-Communicable Diseases Within the Context of Public Health Reforms in Russia" was published in English and in Russian in early 1997. Representatives from ten oblasts, senior members of the Duma, and the Ministry of Health all endorsed the document at a Russian National Conference on cardio-vascular disease, April 1997. Electrostal City developed a cardio-vascular disease prevention plan based on the policy document. Other regions followed suit with the assistance of CDC and other donors, and with the manual "How to Develop a Strategic Plan for Prevention of CVD" which became available in Russian in September 1997. The Ministry of Health also endorsed the need for surveillance and monitoring of chronic diseases risk factors.
- ***Behavioral risk survey.*** CDC is now piloting a behavioral risk factor survey in Moscow. Depending on the success and future funding of the survey, it may be expanded Russia-wide.
- ***Chronic disease epidemiology curriculum development:*** With assistance from the Soros Foundation, CDC and its Russian counterparts are developing a chronic disease epidemiology curriculum (including a “data for decision making” component) that will be included in the course material required by several schools of public health in Russia, as well as in a series of seminars for practitioners and decision makers.
- ***Joint research on cardio-vascular disease.*** Since 1973, the National Heart Lung and Blood Institute (NHLBI) has collaborated with the Cardiology Research Center (CRC) and the National Center for Preventive Medicine (NCPM) in Moscow. This collaboration continued under the auspices of the US-Russia Health Committee. Much of these efforts have been focused on hypertension, such as research into hypertension management for patients with

aldosteronism and hormonal alterations, and research on the interaction of kinase-related protein with smooth muscle myosin.

- **CATCH Program.** “Child and Adolescent Trail for Cardiovascular Health” (CATCH) is a prevention program aimed at school children and piloted in Moscow schools. The project was a collaborative effort of NHLBI and NCPM.

Area leads and other key participants:

For the United States:

Ruth Hegyeli, M.D., Associate Director for International Programs, National Heart Lung and Blood Institute, National Institutes of Health, Tel.: (301) 496 5375,
E-mail: Rhegyeli@nih.gov

Lloyd Kolbe, Ph.D., Director, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Tel.: (770) 488 3254, Fax: (301) 488 3110, E-mail: lj3@cdc.gov

Becky Lankenau, Dr. P.H., External Relations Coordinator, Physical Activity and Health Branch and Managing Director, WHO Collaborating Center for Physical Activity and Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Tel.: (770) 488 5520, Fax: (770) 488 5964,
E-mail: bh10@cdc.gov

Tom Schmid, Ph.D., Senior Evaluation Specialist, Physical Activity and Health Branch, Division of Nutrition and Physical Activity, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Tel.: (770) 488 5471,
E-mail: tls4@cdc.gov

Helena Zabina, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Tel.: (770) 488 5444, Fax: (770) 488 5964, E-mail: hxz0@cdc.gov

For the Russian Federation:

Igor Glasunov, M.D., National Center for Preventive Medicine (NCPM), Divisions of Policy and Strategy Development for NCD Prevention, Tel.: (095) 928 21 37

Tanya Kamardina, M.D., National Center for Preventive Medicine (NCPM), Divisions of Policy and Strategy Development for NCD Prevention, Tel.: (095) 928 21 37

Rimma Potemkima, M.D., National Center for Preventive Medicine (NCPM), Divisions of Policy and Strategy Development for NCD Prevention, Tel.: (095) 928 21 37

Emilia Volkov, M.D., Chelyabinsk State Medical Academy, Tel.: (351) 2 34 03 56

Oleg Kalev, M.D., Ural Medical Academy for Additional Education, Tel. (351) 2 41 24 63

Diabetes
Former Priority Area
December 1994 – October 1998

History: “Diabetes” was one of the original priority areas of the Health Committee. In October 1998, it was decided to drop Diabetes as a specific priority area under the Health Committee, and instead encourage diabetes related activities under the priority area of “Access to Quality Health Care”.

Goal: To develop strategies focused on improving treatment and prevention of diabetes in the Russian Federation.

Accomplishments and Impact:

- ***Patient focused approach to disease.*** A model of care is introduced to five towns in the Moscow region by the AIHA partnership of LaCrosse, Wisconsin and Dubna, Russia. The model of care involves educating patients and their family members about self-management of the disease.
- ***Russian Diabetes Federation.*** A Russian Diabetes Federation modeled on the American Diabetes Association was established in principle by the Ministry of Health in 1995.

Area leads and other key participants:

For the United States:

Frank Vinicor, M.D., Director, Diabetes Translation Division, Centers for Disease Control and Prevention, Tel.: (770) 488 5000, fxv1@cdc.gov

For the Russian Federation:

Aleksandr Ametov, M.D., Head, Department of Endocrinology, Russian Post-Graduate Medical Academy, Tel.: (095) 252 21 04

Ivan Dedov, M.D., Acad., Director, Endocrinology Center, Russian Academy of Medical Sciences, Tel.: (095) 124 43 00, Fax: (095) 310 70 00

Health Education and Promotion
Former Priority Area
December 1994 – March 1999

History: “Health Education and Promotion” was one of the original priority areas of the Health Committee. During its existence as a priority area it expanded twice to include the sub-priority area of drug and alcohol abuse, and cardiovascular disease. At the eighth meeting of the Health Committee in March 1999, it was agreed to drop “Health Education and Promotion” as a specific priority area under the Health Committee, and merge it under the umbrella priority area of “Access to Quality Health Care”.

Goal: To develop strategies particular to the Russian Federation that focus on the primary prevention of disease and disability through health education and promotion with a primary focus on school health programs.

Accomplishments and Impact:

- ***“Medicine For You” Exhibition, May 3 – 6, 1996, Moscow.*** A joint exhibition on contemporary technologies in health education and health promotion in Moscow.
- ***Joint U.S. Russia Conference on School Based Health Promotion, June 6-7, 1996, Moscow.*** This Conference focused on strengthening school health programs; over 200 U.S. and Russian experts were in attendance. A resolution was signed at this conference that reflected a growing concern about declines in the health of Russian citizens.
- ***Joint Declaration on Promoting Health of Children and Youth.*** This document was signed by Minister Tsarogorodtsev and Secretary Shalala at the 4th Health Committee meeting, July 1997. *Impact of the three activities above:* Public attention was brought to the need for developing healthy lifestyles for children and adolescents, as well as families and communities.
- ***U.S. Information Agency (USIA) School Linkages Program.*** Begun in 1996, nine U.S. - Russian high school partnerships were initiated. Project topics included nutrition, exercise, sexually transmitted disease prevention, depression and suicide, drug abuse, and smoking. 200 students and teachers participated in various exchange activities, of which a few were highlighted at the 5th Meeting of the Health Committee. *Impact:* Increased knowledge and improved skills for disease prevention among school students and staff.
- ***Youth Risk Behavior Survey (YRBS).*** This CDC survey was translated into Russian and conducted in the Fall and Winter of 1998. This survey assesses health risk behaviors among adolescents in schools to more effectively target and improve health programs. Behaviors surveyed include 1) injury-related behaviors, 2) tobacco use, 3) alcohol and other drug use, 4)

sexual behaviors, 5) physical inactivity, and 6) unhealthy dietary behaviors. It was also implemented among a representative sample of 9-11 grade school students in Moscow, Ivanovo and Tatarstan in Spring 2000. The data are being analyzed and will be published in Russian and international peer-reviewed journals in the near future. Data for sexual risk behaviors will be presented at the National STD Prevention Conference in December 2000 in Milwaukee, Wisconsin, USA. *Impact:* Improved knowledge of 6 most critical health risk behaviors in Moscow.

- ***The bilingual Journal "Disease Prevention and Health Promotion"***. Established by Russian specialists and modeled after similar English language journals, this journal was first published in December 1997. A number of articles in the first issue were co-authored by Russian and CDC scientists.
- ***Two year school health education program***. The Soros Foundation Open Society Institute/Moscow has funded a two-year school health education program in Russia. The program is being implemented by the Ministries of Health and Education of the Russian Federation and the Moscow Department of Education.
- ***U.S. Study Tour***. A study tour for two Russian representatives from the Ministry of Health and the Moscow City Department of Education was organized in May-June 2000 to acquaint them with school health programs implemented and supported by CDC and other US governmental, non-governmental, state and local agencies.
- ***U.S. Russia Health Committee website***. This was established and demonstrated at the "Medicine For You" Exhibit in Moscow in 1996.

Area leads and other key participants:

For the United States:

James Harrell, Director, Deputy Commissioner, Administration on Children, Youth and Families, Administration for Children and Families, Department of Health and Human Services,

Tel.: (202) 205 8347, E-mail: jharrell@acf.dhhs.gov

Lloyd Kolbe, Ph.D., Director, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and

Prevention, Tel.: (770) 488 3254, Fax: (301) 488 3110, E-mail: ljk3@cdc.gov

Anna Shakarishvili, MD, Division of STD Prevention, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, Tel.: (770) 488 3166,

Fax: (770) 488 3110, E-mail: afs9@cdc.gov

Jeanne Jehl, Special Assistant to the Assistant Secretary for Elementary and Secondary Education, Department of Education

Patricia Kuntze, Deputy Director, Office of Consumer Affairs, Food and Drug Administration,

Tel.: (301) 827 5006, Fax (301) 443 9767, E-mail: pkuntze@oc.fda.gov

For the Russian Federation:

Vladimir Polesskiy, M.D., Director, Federal Research Institute of Medical Problems of Health Formation, Tel.: (095) 202 18 13

***Health Reform and Policy Dialogue
Former Priority Area
December 1994 – September 1997***

History: “Health Reform and Policy Dialogue” was one of the original eight priority areas of the Health Committee. Recognizing the overlapping nature of this and the priority area “Strengthening Primary Care Practice”, the Health Committee merged the two into “Access to Quality Health Care” at its sixth meeting in September 1997.

Goal: To provide an opportunity to exchange information on issues facing federal-level health authorities in decentralized health systems, including essential public health infrastructure, quality assurance of cost-effective health services based on science-based analysis of data, and federal-state/oblast partnerships to achieve outcome-oriented national goals.

Accomplishments and Impact:

- ***Vital Statistics "Brown Book"***. In June 1995, the National Center for Health Statistics (NCHS) in collaboration with Russian counterparts, produced the Vital Health Statistics Brown Book for Russia and the U.S., 1980-1993 in English. In January 1996, the Russian language version was released. This was the beginning of a series of other documents co-produced by NCHS and the Russian Ministry of Health. *Impact:* This document was widely distributed among Russian and American specialists, as well as representatives from other international organizations and NIS countries.
- ***Quality Internship***. Dr. Anna Korotkova, senior researcher for quality at the Russian Public Health Institute, spent a month in the summer of 1997 as a visiting scholar at AHRQ. Out of this internship emerged many of the plans for quality improvement under the Access to Quality Health Care Priority Area. *Impact:* Negotiations and contacts with American specialists and organizations made it possible to translate existing agreements to collaborate into actual joint projects, such as the Quality Assurance Project. This internship also resulted in the establishment of the Quality Assurance center based in Public Health Research Institute.
- ***Health Policy Roundtables***. Held in conjunction with the fourth and sixth meeting of the U.S. -- Russia Health Committee Meetings, these were forums for discussion on how health policy reform takes place, particularly on the Ministerial level. A workplan was developed, focused on quality measurement and improvement, educational reform for primary care, and

collaborative research. Plans to combine the priority areas "Health Reform and Policy Dialogue" and "Strengthening Primary Care Practice" were discussed and formalized at the second roundtable. *Impact:* A clear strategic plan for continued collaboration emerged from these roundtables. A monitoring and evaluation system was also created that could be used to modify the plan, thus contributing to the overall effectiveness of work in this area.

- ***National Library of Medicine (NLM) /State Central Scientific Medical Library (SCSML) Collaboration.*** Beginning in July, 1996, the NLM and SCSML worked together to develop a Medical Literature Analysis and Retrieval System (MEDLAR) for Russia, akin to the NLM's MEDLine system. An MOU was signed in January of 1997 solidifying this relationship.

Area leads and other key participants:

For the United States:

Clifton Gaus, Sci.D., Administrator, Agency for Health Care Policy and Research

John M. Eisenberg, M.D., M.B.A., Director, Agency for Healthcare Research and Quality

Francis Notzon, Ph.D., National Center for Health Statistics, Centers for Disease Control and Prevention, Tel.: (301) 458 4402, Fax: (301) 458 4044, E-mail: fcn2@cdc.gov

Donald A. B. Lindberg, M.D., Director, National Library of Medicine

For the Russian Federation:

Yuri Komarov, M.D., Director, Russian Public Health Institute, Tel/Fax: (095) 153 27 59

Boris Loginov, M.D., Director, State Central Scientific Medical Library

***Mental Health
Former Priority Area
February 1997 to March 1999***

History: The “Mental Health” priority area was created at the fifth meeting of the Health Committee in February 1997. At the eight meeting of the Health Committee in March 1999, its primary care activities were subsumed into the larger umbrella priority area “Access to Quality

Goal: To improve the recognition and treatment of depression in primary care settings as well as to share experience with addressing the mental health consequences of natural and man-made disasters in the Russian Federation and the United States.

Accomplishments and Impact:

- ***Memorandum of Understanding.*** In September 1997, the National Institute of Mental Health and its Russian counterparts signed a memorandum of understanding (MOU) detailing specific objectives in the areas of depression treatment and disability reduction in primary care, and in the area disaster-related mental health response programs. These objectives have now been met and exceeded in a collaborative and productive program.
- ***Disaster - related Mental Health Response.*** Based on the finding in both countries that the mental health consequences of disasters are often more disabling than the physical consequences of survivors, a collaborative program was established to exchange information on disaster response programs and the training of rescuers. Russian staff from the Ministry of Health and the Ministry of Emergency Situations (EMERCOM) visited disaster sites in the U.S. such as the Oklahoma City (terrorist bombing) and Arkansas (tornado sites) to review FEMA/CMHS response and NIMH supported research programs. Likewise, U.S. representatives of the Center for Mental Health Services visited an airplane crash site (Irkutsk) and the health care programs for Chernobyl victims. Critical training materials were translated and exchanged between the two countries, and an international conference on mental health consequences of disasters was held in St. Petersburg in June 2000--a follow up conference in Oklahoma City is planned for 2001. Greater coordination between the Russian Ministry of Health and EMERCOM was achieved, with the Russian Co-Chair of the Mental Health initiative serving as the lead for Mental Health Response teams in a newly combined MOH and EMERCOM program. *Impact:* Enhanced understanding of interventions to reduce disability associated with the mental health consequences of natural, accidental, and terrorist initiated disasters in the U.S. and Russia.

- ***Treatment of Depression in Primary Care.*** Eight primary care practices in Moscow Tomsk, Yaroslavl, Dubna, and Tula, have established screening programs for identifying patients with clinical depression and have initiated treatment protocols in consultation with psychiatrists to evaluate the effectiveness of reducing symptoms and associated disability. The demonstration site in Tula was established for the treatment of both depression and hypertension. Those sites were provided lap-top computers to help manage the treatment of depression and to administer a computer assisted diagnostic interview for depression and other mental addictive disorders by the WHO Composite International Diagnostic Interview (CIDI). To date, over 2500 eligible patients have been entered into protocols. The project has identified prevalence rates of depression diagnosis in primary care practices of approximately 32%. A high proportion of the patients have responded to treatment and are now being managed by primary care physicians. A WHO-qualified training center for the CIDI will permit wide-spread use of this instrument in Russia for primary care treatment studies. In June 2000, AIHA trained sixteen other physicians in this model, with more trainings planned for the future. *Impact:* Methodological recommendations on the treatment of depression in primary care have been developed by the Ministry of Health based on the results of this demonstration project.

Area leads and other key participants:

For the United States:

Darrel Regier, M.D., M.P.H., formerly Associate Director, National Institute for Mental Health; currently Deputy Medical Director and Director, Office of Research, American Psychiatric Association, dregier@psych.org

David Lozovsky, M.D., Ph.D., D. Sc., Senior Science Advisor, Office of the Director, National Institute for Mental Health, National Institutes of Health, Tel (301) 443 7856, Fax: (301) 443 8552, E-mail: dlozovsk@mail.nih.gov

Thomas Bornemann, Ed.D., Deputy Director, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Tel.: (301) 443-0001, E-mail: tbornema@samhsa.gov

Brian Flynn, Ed.D., Director, Division of Program Development, Special Populations and Projects, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Tel.: (301) 443 2940, Fax (301) 443 5479, E-mail: bflynn@samhsa.gov

For the Russian Federation:

Zurab Kekelidze, M.D., D.Sc., Deputy Director, Serbskiy National Research Center for Social and Forensic Psychiatry, Tel.:(095) 201 52 62

Valery Krasnov, M.D., D.Sc., Moscow Institute of Psychiatry, Tel.: (095) 963 76 26, Fax: (095) 162 10 03

Strengthening Primary Care Practice
Former Priority Area
December 1994 – September 1997

History: “Strengthening Primary Care Practice” was one of the original eight priority areas of the Health Committee. Recognizing the overlapping nature of this and the priority area “Health Reform and Policy Dialogue”, the Health Committee merged the two priority areas into “Access to Quality Health Care” at its sixth meeting in September 1997.

Goal: To strengthen current primary care practice and develop family medicine physician training and nurse training for primary health services in Russia.

Accomplishments and Impact:

- ***USAID NET Training.*** A seven-person Russian delegation appointed by the Minister of Health completed a week-long "Strengthening Primary Care Practice" study tour at HRSA in October, 1996. Contacts made and discussions held during this study tour contributed to the development and strengthening of various bilateral agreements and other forms of U.S.-Russian collaboration.
- ***HRSA Fellowship Program.*** In June 1997, HRSA hosted a fellowship program that brought together family physicians to familiarize them with the legislative and health care policy process of the United States. Lessons from this experience were used for development of the Russian legislation.

Area leads and other key participants:

For the United States:

Marc Rivo, M.D., Director, Division of Medicine, Health Resources Services Administration
Enrique Hernandez, M.D., Director, Division of Medicine, Health Resources Services
Administration

For the Russian Federation:

Anatolii Demenkov, M.D., Director, Department of Medical Care, Ministry of Health,
Tel.: (095) 925 11 40, Fax: (095) 200 02 12
Alexei Karpeev, M.D., Director, Department of Medical Care, Ministry of Health.,
Tel.: (095) 925 11 40, Fax: (095) 200 02 12
Vladimir Starodubov, M.D., Acad., Deputy Minister of Health, Tel.: (095) 925 11 40,
Fax: (095) 200 02 12

Control and Prevention of Infectious Diseases
Current Priority Area
December 1994 to present

History: “The Control and Prevention of Infectious Diseases” has been a priority area for the Health Committee since its very beginning in December 1994. It currently focuses on tuberculosis, HIV/AIDS, and sexually transmitted diseases (STDs).

Goal: To strengthen the Russian Ministry of Health’s (MOH) ability to prevent, diagnose, and where appropriate treat, major infectious diseases threatening the health of Russians, particularly tuberculosis, and sexually transmitted diseases (STDs), including HIV.

Accomplishments and Impact:

- ***Joint work aimed at controlling diphtheria outbreaks.*** By 1994, Russia was in the midst of a diphtheria epidemic. Working with WHO, USAID, and other donor and humanitarian organizations, CDC and FDA and the Russian MOH were able to develop strategies to combat this epidemic that included epidemiological and surveillance trainings; pilot studies in three oblasts; large scale public vaccinations; vaccine regulatory discussions; and other anti-epidemic measures. A Memorandum of Understanding on diphtheria control was signed at the 3rd meeting of the Health Committee in June, 1996. As a result of these activities, the incidence of diphtheria in Russia dropped to 8.6/100,000 and the epidemic was brought under control. In 1997, a joint meeting was held in Novgorod entitled "Diphtheria Control in the Russian Federation: Lessons Learned and Current Issues" with over 100 participants in attendance.
- ***Joint Statement on the Prevention and Control of Infectious Diseases.*** Adopted at the 8th meeting of the Health Committee, this document expressed U.S. Russian concerns over the growing epidemic of infectious diseases in both countries, especially tuberculosis, HIV/AIDS, STDs, hepatitis, and re-emerging infectious diseases.
- ***U.S.-Russian infectious disease publications.*** In February 1996, the "Profile of Infectious Disease: Russian Federation and United States, 1994" was published by MOIRED, summarizing the epidemiology of certain infectious diseases in each country.
- ***Workshop on EREIDS.*** In December 1996, NIDA, NIAID, NIH's Office of AIDS Research, CRDF, as well as the Russian Ministry of Health and the Russian Ministry of Science, hosted a workshop on Emerging and Re-emerging Infectious Diseases (EREIDS). A second EREIDS conference was held in May, 1998. By June 1997, in collaboration with the U.S. National Academy of Sciences, CDC scientists, and Russian scientists from former biological warfare facilities, five projects began on topics such as hanta-virus and hepatitis. This

laid the foundation for subsequent work under the DHHS Biotechnology Engagement Program.

- ***Infection Control Course.*** Starting in January 1997, in conjunction with the American International Health Alliance (AIHA) and CDC, a basic infection control refresher course was developed and conducted in various settings, including the AIHA conference in November 1997. A manual, teaching slides, and other educational materials were also published and distributed to Russian Infection Control Centers.

Area leads and other key participants:

For the United States:

Helene Gayle, M.D., M.P.H., Director, National Center for HIV, STDs and TB Prevention,
Centers for Disease Control and Prevention -- *Current area lead*

James LeDuc, Ph.D., Acting Director, Division of Viral and Rickettsial Diseases, National Center
for Infectious Diseases, Centers for Disease Control and Prevention, Tel.: (404) 639 3574,
Fax: (404) 639 2778, jwl3@cdc.gov -- *Current area co-lead*

Stephen C. Hadler, M.D., Director, Epidemiology and Surveillance Division, Center for Disease
Control and Prevention

Alan Hinman M.D., Assistant Surgeon General, and Senior Advisor to the Director,
Centers for Disease Control and Prevention

Elaine Esber, M.D., Associate Director for Medical and International Affairs,
Food and Drug Administration, Tel.: (301) 827 0641, Fax: (301) 827 0644,
E-mail: esber@cber.fda.gov

For the Russian Federation:

Alexander Ivanov, M.D., Director, Department of Sanitarian-Epidemiological Surveillance,
Ministry of Health, Tel.:(095) 925 11 40, Fax:(095) 200 02 12 -- *Current Area Lead*

Mikhail Narkevich, M.D., Head, Office of HIV/AIDS Prevention, Department of Sanitarian-
Epidemiological Surveillance, Ministry of Health, Tel.:(095) 925 11 40, Fax:(095) 200 02 12

Arkady Yassinsky, M.D., Chief, Department of Targeted Programs, State Committee on
Sanitarian-Epidemiological Surveillance, Tel.: (095) 973 17 17.

HIV/AIDS and STDs
Sub-area of the Control and Prevention of Infectious Diseases
September 1997 to present

History: As a result of new concerns regarding HIV/AIDS and Sexually Transmitted Diseases (STD) in the countries of the former Soviet Union, it was decided at the sixth meeting of the Health Committee to create this sub-area.

Goal: To develop strategies for Russia focused on the burgeoning STD and HIV/AIDS epidemic.

Accomplishments and Impact:

- ***CDC Guidelines and articles on STDs prevention, treatment and control.*** Between Fall 1996 and 1998, a number of publications from Centers for Disease Control and Prevention (CDC) related to STD prevention, treatment, control, case definitions for public health surveillance, and clinical practice were translated into Russian and distributed among STD professionals in Russia. *Impact:* Knowledge of Russian professionals on up-to-date methods of STD prevention and control improved.
- ***HIV/AIDS education and information campaigns.*** In collaboration with CDC, AIDS Infoshare, USAID, the Russian NGO "SANAM", the Russian MOH, and other NGOs working in the area, an electronic HIV/AIDS information network has been set up among 10 regions of Russia. Educational programs concerning HIV/AIDS have also been set up in Moscow and Saratov, including some programs focused on intra-venous drug users (IVDUs).
- ***Workshops and trainings.*** Between Fall 1996 and the present, a series of workshops, training courses and conferences were conducted jointly by CDC, the Russian Association for STD Prevention SANAM and the Russian MOH to both provide information and training to Russian counterparts, and also to develop strategies for combating the rising STD and HIV/AIDS rates in the Russian Federation. Topics for workshops included epidemiology, surveillance methods, operational research methods, STD and HIV/AIDS prevention strategies, and laboratory and diagnostic methods. *Impact:* Through conferences and workshops more than 500 Russian STD/HIV/AIDS professionals were reached and informed on current protocols and epidemiologic approaches to the prevention and control of STDs.
- ***STDs, HIV and illicit drug abuse prevalence and behavior study among certain vulnerable groups.*** Begun in November 1998, this collaborative Moscow and Saratov based study between CDC, SANAM, the MOH of Russia and other non-governmental organizations will use the information generated from the project to develop appropriate preventive and

treatment strategies for high risk groups. Risk groups being studied include commercial sex workers and their clients, the homeless, and at-risk adolescents. Epidemiologic trends, social and behavior patterns, health service delivery patterns, and institution and human resources are also being studied. *Impact:* Potential is high.

- ***Congenital Syphilis Study Project.*** Begun only in 1999, CDC is working with SANAM and the MOH to assess the nature congenital syphilis in 5 Russian regions.

Area leads and other key participants:

For the United States:

Caroline Ryan, M.D, Associate Director for International Affairs, Division of STD Prevention, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, Tel.: (404) 639 8272, Fax: (404) 639 8609, E-mail: cjr8@cdc.gov

– *Current Area Lead*

Anna Shakarishvili, MD, Division of STD Prevention, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, Tel.: (770) 488 3166, Fax: (770) 488 3110, E-mail: afs9@cdc.gov

For the Russian Federation:

Lilia Tikhonova, M.D., Chief Specialist-Dermatovenereologist, Ministry of Health, Tel.: (095) 925 11 40, Fax: (095) 200 02 12

Anna Kubanova, M.D., Director, Scientific Research Institute of Skin and Venereal Diseases of the Ministry of Health, Tel.: (095) 964 39 55

Lali Dubovskaya, M.D., PhD, Acting Director, Russian Association o Against STDS “SANAM”
Konstantin Borisenko, M.D., President, Russian Association Against STDS, “SANAM”*

*deceased

Tuberculosis Control
Former Priority Area; Current Sub-Area
December 1994 -- Present

History: Tuberculosis Control has always been a priority of the Health Committee. In September 1997, it was subsumed into “The Control and Prevention of Infectious Diseases”.

Goal: To develop pilot projects and strategies for combating the tuberculosis epidemic in Russia.

Accomplishments and Impact:

- ***Joint work in Ivanovo, Orël, and Vladimir on Tuberculosis.*** In March, 1999, CDC, in collaboration with USAID, the Russian MOH, the Central Tuberculosis Research Institute, WHO, and others working on tuberculosis in Russia focused on controlling the epidemic in these three pilot areas. The project is focused on developing new strategies for dealing with tuberculosis and multi drug resistant tuberculosis (MDR-TB); developing laboratory capacity; and developing surveillance systems in both the prison and general population of these three oblasts. WHO recommendations for treatment and control of TB are being followed very closely. *Impact:* at the present time, the project in Orël is considered an early success. Cure rates in Ivanovo have also improved, and the protocol developed for use in Ivanovo has become the prototype for diagnosis and treatment protocols in other regions of Russia.

Area leads and other key participants:

For the United States:

Nancy J. Binkin, M.D., Associate Director for International Activities, Division of Tuberculosis Elimination, Centers for Disease Control and Prevention, Tel.: (404) 639 8120, Fax: (404) 639 8604, E-mail: njb1@cdc.gov – *Current Area Lead*

Gustavo Aquino, Division of Tuberculosis Elimination, International Activities, Centers for Disease Control and Prevention, Tel.: (404) 639 8120, Fax: (404) 639 8604, E-mail: gaal@cdc.gov

Peter Cegielski, MD, MPH Division of Tuberculosis Elimination, International Activities, Centers for Disease Control and Prevention, Tel.: (404) 639 8120, Fax: (404) 639 8604, E-mail: gzc2@cdc.gov

Charles Wells, MD, Division of Tuberculosis Elimination, International Activities, Centers for Disease Control and Prevention, Tel.: (404) 639 8120, Fax: (404) 639 8604, E-mail: ccw2@cdc.gov

Kenneth G. Castro, M.D., Director, Division of Tuberculosis Elimination,
Centers for Disease Control and Prevention

Alan Hinman, M.D., Assistant Surgeon General, and Senior Advisor to the Director,
Centers for Disease Control and Prevention

Richard O'Brien, M.D., Chief, REB, Division of Tuberculosis Elimination,
Centers for Disease Control and Prevention

For the Russian Federation:

Mikhail Perelman, M.D., Acad., Director, Research Institute of Phthisiopulmonology,
Tel.: (095) 281 84 22 -- *Current Area Lead*

Alexander Khomenko, M.D., Prof., Acad., Director, Central Research Institute of TB,
Russian Academy of Medical Sciences*

Aleksei Primyak, M.D., Director, Russian Research Institute of Phthisiopulmonology,
Tel.: (095) 281 84 22

*deceased

Maternal and Child Health
Current Priority Area
1994 to present

History: “Maternal and Child Health” was one of the original eight priority areas. Since its inception it has expanded to include “Micro-nutrient Malnutrition” and some of the activities under the old sub-area of “Drug and Alcohol Abuse”, including those focused on fetal alcohol syndrome.

Goal: This priority area is designed to complement Russian Federal programs that are part of a presidential program "Children of Russia" and are focused on family planning, and safe motherhood. The aim of this priority area is to improve the health of the women and children of Russia through education and healthy behavior campaigns, as well as improving women's reproductive health, decreasing maternal and infant mortality, decreasing abortion rates while increasing rates of effective contraception use.

Accomplishments and Impact:

In late 1994, USAID initiated a four-year Women's Reproductive Health Project (WRHP) in six sites with a followed expansion to eight additional roll-out sites in 1997. In June 1999, a three-year Women and Infant Health (WIN) Project was begun in two sites. The WIN project builds on the lessons learned from the earlier program.

Women's Reproductive Health Project (WRHP)

- ***Decreasing abortion rates and increasing contraceptive use.*** A spring 1999 follow-up survey to the 1996 baseline, both conducted by CDC, measured the impact of the Women's Reproductive Health Project. The survey data show that new approaches to family planning introduced in the project demonstration sites appear to have had a positive impact on abortion rates: the difference in abortion levels between project and control sites grew over time, with rates falling in the former and remaining relatively constant in the latter. Modern contraceptive use among younger women increased over time and there was a widening gap evident among these women between the project and control sites. Women are much better informed about contraception than they were during the baseline survey three years earlier; they have been exposed to family planning materials and are more familiar with various types of contraception; increased information has improved women's attitudes toward family planning and increased their understanding of the safety and effectiveness of modern methods.
- ***Increased breast-feeding rates.*** In one USAID site, exclusive breast-feeding rates had increased to 70 - 80% of women in maternity homes. This lead to improved overall infant

health among those infants who were breast-fed.

- ***Communication campaign promoting family planning.*** Seven public service announcements (PSAs) for television and six for radio were developed under the campaign between 1996 and 1998. The Russian Ministry of Health's involvement was illustrated by its request for free airtime for these PSAs from central and regional radio and television channels. They were broadcast on 35 radio and television channels across Russia. A weekly newspaper advice column entitled "Ask Dr. Olga" was started and 120 articles on women's health and family planning were published in over 70 regional Russian newspapers throughout 1997. Over a million pieces of informational and educational materials were printed and distributed.
- ***Training for health professionals.*** Over 6,500 health professionals attended a training conducted by the project's master trainers or through one of the refresher training institutes using the curriculum produced under this project. Over 4 million Russian women of reproductive age now have access to a physician trained in modern contraceptive technology and counseling techniques.
- ***Service Delivery Guidelines.*** New service delivery guidelines for family planning were developed by a team of U.S. and Russian experts, and approved by the Ministry of Health. 18,000 copies of the guidelines were distributed all across Russia.

Women and Infant Health Project (WIN)

- ***WIN Launch.*** The WIN Project Launch was held on November 10, 1999. Seventy people representing key experts from Perm and Novgorod oblasts (the demonstration sites), various donor organizations, chief specialists from the Ministry of Health and USAID, participated in the launch.
- ***Coordination and monitoring of the project.*** WIN Executive and Technical Advisory Committees, comprised of leading Russian experts, have been formed. They will provide feedback on project implementation and review, comment on and provide approval of documents developed under the project, and facilitate dissemination of guidelines. Technical Working Groups at the facility level and Coordinating Committees at the regional level have been formed in both Novgorod and Perm, the two demonstration sites.
- ***Coordination with other activities.*** WIN staff coordinates its efforts with other USAID funded activities and activities supported by the US-Russia Health Committee of the U.S.-Russia Binational Commission, such as the Quality Assurance Project (QAP) in Tver and Tula oblasts; activities targeting violence against women; American International Health Alliance (AIHA) primary health care partnerships activities and other activities related to maternal and child health under the U.S.-Russia Health Committee. In addition, WIN is a coordinating body

and resource center for organizations with projects working in MCH. The coordination is realized through information and product sharing, as well as exchange of participants at different training activities.

- ***Project Impact Measurement.*** Two baseline surveys have been completed, both population- and facility-based. Findings from both surveys will help to tailor training and demonstrate program impact. The facility-based survey will provide unique information on the knowledge, attitudes and practices of health care providers, a key audience for WIN.
- ***Training for health professionals.*** WIN conducted a series of training workshops on family planning, breastfeeding counseling, family planning, essential new-born care and maximizing access to quality health care (MAQ) for the key participants from the oblasts and experts from AIHA partnerships.
- ***Protocols.*** During the breastfeeding counseling training the participants developed the first draft of the protocols on breastfeeding.

Area leads and other key participants:

For the United States:

Kerry Pelzman, Chief, Health Division, United States Agency for International Development,
Moscow, Tel.: (095) 728 5099, E-mail: kpelzman@usaid.gov – *Current Area Lead*
Terrance Tiffany, Director, Office of Environment and Health, United States Agency for
International Development, Moscow
Constance Carrino, Ph.D., Director of the Office of Social Sector Restructuring, United States
Agency for International Development, Moscow

For the Russian Federation:

Alexander Korsunsky, M.D., Head, Department of Maternal and Child Health, Ministry of Health,
Tel.: (095) 925 11 40, Fax: (095) 200 02 12 -- *Current Area Lead*
Dina Zelinskaya, M.D., Director, Department of Maternal Child Health Protection, Ministry of
Health, Tel.: (095) 925 11 40, Fax: (095) 200 02 12
Vladimir Kulakov, M.D., Director, Center for Obstetrics, Gynecology, and Perinatology, Russian
Academy of Medical Sciences, Tel/Fax: (095) 438 18 00

***Environmental Health
Former Priority Area
December 1994 – March 1999***

History: “Environmental Health” was one of the original priority areas of the Health Committee. At the eighth meeting of the Health Committee in March 1999, it was agreed to drop Environmental Health as a specific priority area under the Health Committee.

Goal: To develop a national lead risk reduction strategy in the Russian Federation.

Accomplishments and Impact:

- ***Pediatric lead.*** In 1996 - 1997, CDC, working with Russian counterparts, assessed the level lead contamination and poisoning in children in three Russian cities. As a result of this study, new methods for diagnosing lead and other heavy metal contamination were introduced and adopted in the Russian Federation for children and the environment. Portable blood lead testing devices for rapid screening have been introduced. CDC recommendations on blood lead screening and lead poisoning treatment were distributed to Russian health professionals; educational materials targeted at physicians, schools, and families are also jointly developed and distributed throughout the Russian Federation. The EPA biokinetic model to estimate the prevalence of lead poisoning has been adapted for use in Russia. A federally targeted program, *"Lead and Health of the population of Russia"* was developed and adopted, and a white paper entitled *"The White Paper on Lead Contamination of the Environment in the Russian Federation and Its Impact on Human Health"* was co-authored by Russian and U.S. experts and presented in January, 1997 at a Moscow conference on lead. Finally, at the 6th meeting of the U.S. Russia Health Committee and 9th meeting of the U.S. Russia Commission on Economic and Technological Cooperation, *the ease and efficacy of blood-lead level testing* was demonstrated on Commission chairmen Al Gore and Victor Chernomyrdin. A final pediatric lead conference was held in April 1999, closing out this priority area's activities. Currently, laws and regulations are being strengthened and new policies to reduce lead risk to human health are being developed at federal and regional levels.

Area leads and other key participants:

For the United States:

Anthony Rock, Director, Technical Competitiveness and Health, Department of State

Peter Henry, Ph.D., Director, Office for Europe and the CIS, Office of International and Refugee

Health, Tel.: (301) 443 9426, Fax: (301) 443 7305, E-mail: phenry@osophs.dhhs.gov

Henry Falk, M.D., Director, Division of Environmental Hazards and Health Effects,

National Center for Environmental Health, Centers for Disease Control and Prevention

Richard Jackson, M.D., Director, National Center for Environmental Health,

Centers for Disease Control and Prevention

Carol Rubin, D.V.M., Acting Chief, Health Studies Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention, Tel.: (770) 488 7601; Fax: (770) 488 3506, E-mail: chr1@cdc.gov

Joseph Carra, Deputy Director, Office of Pollution Prevention and Toxics,
Environmental Protection Agency

Gary Waxmonsky, Ph.D., Executive Secretary, U.S. – Russia Environmental Agreement,
Environmental Protection Agency, Tel.: (202) 564 6427, E-mail: waxmonsky.gary@epa.gov

For the Russian Federation:

Gennady Onischenko, M.D., 1st Deputy Minister and Chief Sanitarian Physician for the
Russian Federation, Tel.: (095) 925 11 40, Fax: (095) 200 02 12

Nina Antipova, M.D., Department of Sanitarian-Epidemiological Surveillance, Ministry of
Health, Tel.: (095) 925 11 40, Fax: (095) 200 02 12

Lyudmila Goultchenko, Chief, Department of Sanitarian -Epidemiological Surveillance, Ministry of
Health, Tel.: (095) 925 11 40, Fax: (095) 200 02 12

Sergei Ivanov, M.D., Deputy Director, Department of Sanitarian-Epidemiological Surveillance,
Ministry of Health, Tel.: (095) 925 11 40, Fax: (095) 200 02 12

Viktor Snakin, Director, Center for International Programs, Independent Ecological Political
University

Micronutrient Malnutrition
sub-priority area of Maternal and Child Health
February 1997 to February 2000

History: “Micronutrient Malnutrition” was designated a sub-area of “Maternal and Child Health” in February 1997 at the fifth meeting of the Health Committee. Its final activities occurred in February 2000.

Goal: To bring attention to and develop strategies for combating micro-nutrient malnutrition in the Russian Federation, particularly iodine, fluoride, selenium, and iron deficiency.

Accomplishments and Impact:

- ***Universal salt iodization.*** In collaboration with UNICEF and Kiwanis International, salt iodization equipment was brought to Russia. By July 1998 the availability of iodized salt in Moscow alone rose from 3 to 30 %.
- ***Training activities and workshops on micro-nutrient malnutrition.*** Starting in February 1997 through early 2000, a series of joint workshops and trainings were held that focused on the problems of micro-nutrient malnutrition in the Russian Federation. These training activities helped focus attention on micro-nutrient malnutrition problems within Russia and the NIS community, and also provided needed fora for discussion and information exchange.
- ***Joint Statement on micro-nutrient malnutrition.*** Signed at the 5th meeting of the Health Committee, this joint statement on cooperation on Micro-nutrient Malnutrition increased awareness of the problem among Russian health authorities and initiated efforts aimed at elimination of micronutrient malnutrition.
- ***Food fortification.*** Starting in November, 1998 and in collaboration with local businesses, UNICEF, and CDC, iron, folic acid, and Vitamins thiamin, riboflavin, and niacin added to bread and pasta production in Ivanovo, Lipetsk, Ekaterinburg, and Murmansk oblasts, and Komi Republic. A baseline anemia study in Ivanovo preceded the flour fortification program with support from UNICEF.
- ***Water fluoridation.*** In March, 1999, an oral epidemiologist and a water fluoridation engineer from CDC visited Moscow and met with leaders of the water treatment facilities and the Russian Dental Association to discuss initiation of water fluoridation in the Russian Federation. In March 2000, four scientists and water engineers came to the United States to participate in a Basic Water Fluoridation Training Course given by CDC. A Russian city has been selected as a pilot demonstration site for water fluoridation and the necessary fluoridation equipment is being

located for installation.

- ***Impact from these various activities:*** The following Government of Russia resolutions, documents, and activities are a direct result of this U.S.-Russia collaboration:
 - “Concept of State Policy in the field of Healthy Nutrition of the Population of the Russian Federation for the period until 2005”;
 - Resolution of the Government of the Russian Federation: “On measures to prevent iodine deficiency disorders”;
 - The decision of the of the Interagency Commission on Health Protection under the Government of the Russian Federation: “On the Urgent Measures to Prevent Iodine-Deficiency Disorders “;
 - Two resolutions of the Chief Sanitarian Physician of the Russian Federation “On prevention of Iodine-deficiency Disorders” and “On Overcoming Micronutrient Malnutrition” and one order of the Ministry of Health “On Measures to Prevent Diseases, Related to Iodine and Other Micronutrients Deficiency”;
 - State reporting form for diseases, related to iodine and other micronutrient deficiencies; federal standards for salt and procedures for monitoring iodine contents in salt, (standard contents at the level of 40+15 mkg/g.

In addition, the Center for Prevention of Iodine-Deficiency Disorders was established in the Russian Federation. The Ministry of Health of the Russian Federation, together with research institutes of RAMS, is developing unified scientific methodological approaches for the evaluation of and diagnosis of certain micronutrient deficiency disorders among various population groups within the Russian Federation.

Area leads and other key participants:

For the United States:

Dayton Miller, Ph.D., Chief, Nutritional Biochemistry Branch, National Center for Environmental Health, Centers for Disease Control and Prevention, Tel.: (770) 488 4579,
Fax: (770) 488 4541, E-mail: dtm1@cdc.gov

Barbara Bowman, Ph.D., Chief, Chronic Disease Prevention Branch, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Tel.: (770) 488 6044, Fax: (770) 488 6000, E-mail: bbb8@cdc.gov

Lois Cohen, Ph.D., Associate Director for International Health National Institute of Dental and Craniofacial Research, National Institutes of Health, Tel.: (301) 594 7710,
Fax: (301) 402 7033, Lois.Cohen@nih.gov

David DeLozier, M.P.H., Division of Adolescent and School Health, National Center for Chronic

Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Tel.: (770) 488 3029, Fax: (770) 488 3111, E-mail: dgd0@cdc.gov

Paul Garbe, D.V.M., M.P.H., Acting Associate Director for Science, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention, Tel.: (770) 488 9620, Fax: (770) 488 7044, E-mail: plg2@cdc.gov

Orville Levander, Ph.D., Research Leader, U.S. Department of Agriculture

Ibrahim Parvanta, M.S., Chief, International Activities, Maternal and Child Nutrition Branch, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Tel.: (770) 488 5865, Fax: (770) 488 6000, E-mail: ixp1@cdc.gov

Kit Shaddix, DDS, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Tel.: (770) 488 6074, Fax: (770) 488 6080, E-mail: kas9@cdc.gov

George Shakarishvili, National Center for Environmental Health, Centers for Disease Control and Prevention

Natalie Tomitch., International Health Program Officer, Russia and the Newly Independent States, Division of International Relations, Fogarty International Center, Tel.: (301) 496 2075, Fax: (301) 594 1211, E-mail: nt37r@nih.gov

John Vanderveen, Ph.D., Center for Food Safety and Nutrition, Food and Drug Administration (retired)

Elizabeth Yetley, Ph.D., Lead Scientist for Nutrition, Center for Food Safety and Nutrition, Food and Drug Administration, Tel.: (202) 205 4848, Fax: (202) 205-4970, E-mail: eyetley@cfsan.fda.gov

For the Russian Federation:

Lioudmila Goultchenko, Deputy Chief, Department of Sanitarian-Epidemiological Surveillance, Ministry of Health, Tel.: (095) 973 16 47, Fax: (095) 973 15 49

Victor Tutelyan, M.D., Acad., Director, Institute of Nutrition, RAMS, Tel.: (095) 917 44 85, Fax: (095) 298 18 72

Alexander Baturin, M.D., D.Sc., Deputy Director, Institute of Nutrition, RAMS, Tel.: (095) 917 44 85, Fax: (095) 298 18 72

Minkail Gapparov, M.D., D.Sc., Institute of Nutrition, RAMS, Tel.: (095) 917 44 85, Fax: (095) 298 18 72

Gregory Gerasimov, M.D., D.Sc., Research Center of Endocrinology, RAMS, Tel.: (095) 124 43 00, Fax: (095) 310 70 00

Vladimir Kossiakov, Ph.D., Assistant President, Russian Dental Association. Tel/Fax (095) 246 60 78

Eleonora Sakharova, M.D., D.Sc., Deputy Director, Institute of Dentistry, Tel.: (095) 246 81-27, Fax (095) 248 10 47

The Russian-American Dialogue on Food and Drug Policy

December 1994 - December 1998

History: In 1994, a Participating Agency Service Agreement with the U.S. Food and Drug Administration (FDA PASA) was signed to provide support to FDA efforts in improving the quality and quantity of pharmaceuticals, biologicals, medical devices and foods in Russia. While never a formal "priority area" under the Health Committee, these food and drug policy dialogues were important enough to be reported on at Health Committee Meetings 1 through 7.

Goal: To support the development, negotiation and implementation of agreements, which facilitate processes for registering products in Russia that are permitted by the FDA to be freely marketed in the United States. This activity also provided technical advisory services in the development of transparent and effective food, drug and medical devices laws and training as requested.

- ***Pharmaceuticals MOU.*** On February 15, 1994, a Memorandum of Understanding (MOU) was signed by the Russian Ministry of Health, the U.S. Food and Drug Administration, and DHHS. This MOU was extended twice in 1997 and may be extended at the 9th meeting of the U.S. Russia Health Committee. So far, 146 U.S. pharmaceuticals have been registered in Russia as a result of this MOU. *Impact:* MOU facilitated the registration and importation of U.S. pharmaceuticals in Russia.
- ***FDA trainings for Russian counterparts.*** In 1995-1998 FDA provided training courses focussed on issues in vaccine safety and quality control; Good Manufacturing Practices (GMPs), including "hands-on" training on how to conduct GMP inspections; Good Clinical Practices (GCP); and generic and over-the-counter (OTC) drugs. In the Fall of 1995, FDA representatives conducted a four day training on food-borne pathogens, labeling, Codex, and harmonization. In October 1996, Russia participated for the first time in the Codex Alimentaris meeting on food safety. This was followed by a July, 1997 training by FDA and USDA representatives for Russian government and food industry participants on food health and safety requirements necessary for Russia to export food to the United States. *Impact:* Russian GMP regulations were developed with FDA technical assistance and approved in February 1998 as an industry standard.

Area leads and other key participants:

For the United States:

Mary Pendergast, J.D., Former Deputy Commissioner, Food and Drug Administration

Philip Budashewitz, Executive Secretariat, Department of Health and Human Services

For the Russian Federation:

Ramil Khabriev, M.D., Head, State Quality Control Administration, Efficacy and Safety of Drugs and Medical Equipment, Ministry of Health, Tel.: (095) 925 11 40, Fax: (095) 200 02 12

Anatoly Monisov, M.D., Head, Administration of Sanitary and Epidemiological Surveillance, Tel.: (095) 925 11 40, Fax: (095) 200 02 12

Evgeniy Beliaev, M.D., former Chairman, State Committee for Sanitary and Epidemiological Surveillance, Tel.: (095) 973 17 17

Medical Technology Transfer Activity (MTTA)

History: In 1995 USAID provided grants to U.S. pharmaceutical firms planning to establish pharmaceutical production facilities in Russia. USAID funds reimbursed these companies for technical assistance, training and guaranteed purchase of products related to the establishment and operation of such facilities. The Department of Commerce through the Business Development Committee of the U.S. Russia Joint Commission was a key participant in the MTTA. While never a formal "priority area" under the Health Committee, these food and drug policy dialogues were important enough to be reported on at Health Committee Meetings 1 through 7.

Goal: This activity was designed to accelerate U.S. investment in the production and distribution in Russia of critically needed GMP-quality pharmaceuticals.

Accomplishments and Impact:

- ***U.S. - Russia Joint Ventures in Pharmaceuticals. U.S. - Russia Joint Ventures in Pharmaceuticals.*** In April 1997, Bristol Myers Squibb installed an additional packaging facility on the ground of its Russian partner, JSC Akrihin Chemical Pharmaceutical Plant. Three drugs are being produced at this facility, all in accordance with GMP rules. BMS partnered with the Russian distributor to maintain a central warehouse and has launched a modern pharmaceutical marketing organization. On September 15, 1999, the ribbon was cut on a pharmaceutical production facility in Izvarino, Moscow. The Research Center for Molecular Diagnostics and Treatment (a Russian company) and G.D. Searle & Co, Inc. (an American company) jointly constructed and contributed to the development of this \$32 million facility.
Impact: Domestic production of critically needed cardiovascular and antimicrobial GMP-quality drugs significantly increased.
- ***Medical Device Brochure.*** In 1998, the U.S. Department of Commerce and the Russian Ministry of Health jointly prepared and published for use by U.S. industry, a brochure on the Russian regulatory system for the registration and certification of medical devices.
- ***SABIT Program for Hospital Administration.*** In the Medical Industry Subgroup session of the U.S. Russia Business Development Committee of the U.S. Russia Joint Commission in Moscow, April 1999, the U.S. delegation became aware of concerns on the part of the Ministry of Health that various inefficiencies associated with Russian hospitals were wasting substantial health resources. The U.S. Delegation requested a Special American Business Internship Training (SABIT) program for Russian hospital administrators to develop modern management skills. The SABIT program is now an element of the Subgroup's 2000 Work Plan. The training will take place in fiscal year 2001 and encompass Russia and all the Newly Independent States.

Area leads and other key participants:

For the United States:

Ellis Mottur, Deputy Assistant Secretary for Technology and Aerospace Industries,
Department of Commerce

Michael Copps, Deputy Assistant Secretary for Basic Industries, Department of Commerce

Jeffrey Gren, Director, Office of Microelectronic, Medical Equipment and Instrumentation,
Department of Commerce, Tel.: (202) 482 2587, E-mail: Jeffrey.gren@ita.doc.gov

Stuart Keitz, Director, Pharmaceutical and Biotechnology Division, International Trade
Administration, Department of Commerce, Tel.: (202) 482 0557,
E-mail: Stuart.keitz@ita.doc.gov

For the Russian Federation:

Ramil Kharbiev, M.D., Head, State Quality Control Administration, Efficacy and Safety of Drugs
and Medical Equipment, Ministry of Health, Tel.: (095) 925 11 40, Fax: (095) 200 02 12

Vladimir Kocherovets, M.D., Former Deputy Minister, Ministry of Health and Medical Industry
Tel.: (095) 925 11 40, Fax: (095) 200 02 12

Alexei Vilken, M.D., Deputy Minister, Ministry of Health, Tel.: (095) 925 11 40,
Fax: (095) 200 02 12

***Key Participants Involved in the U.S. -- Russia Health Committee
1994 – 2000***

For the United States

Chair

Donna E. Shalala, Ph.D., Secretary, United States Department of Health and Human Services

Vice-Chairs

Carol Lancaster, Ph.D., Deputy Administrator, Agency for International Development
(1st – 3rd Meeting)

Ambassador Sally Shelton Colby, Assistant Administrator, Global Bureau, United States Agency
for International Development (4th – 8th Meeting)

Carol Peasley, Minister Counselor, United States Agency for International Development
(9th Meeting)

Committee Members

Ellis Mottur, Deputy Assistant Secretary for Technology and Aerospace Industries,
Department of Commerce

Stephen Joseph, M.D., M.P.H., Assistant Secretary for Health Affairs, Department of Defense

Anthony F. Rock, Deputy Director, Office of Science, Technology and Health, Bureau of Oceans,
and International Environmental and Scientific Affairs, Department of State

Nancy Carter-Foster, Director, Science for Emerging Infectious Diseases, Bureau of Oceans,
and International Environmental and Scientific Affairs, Department of State

Mario Moreno, Assistant Secretary of Intergovernmental and Interagency Affairs,
Department of Education

Ruth Harkin, President and Chief Executive Officer, Overseas Private Investment Corporation

George Munoz, President and Chief Executive Officer, Overseas Private Investment Corporation

Ann Sigmund, Director, Office of Eastern European Affairs, United States Information Agency

Robert E. McCarthy, Director, Office of East Europe and NIS Affairs,
United States Information Agency

William Nitze, Assistant Administrator for International Activities,
Environmental Protection Agency

Points of Contact

John M. Eisenberg, M.D., M.B.A., Director, Agency for Healthcare Research and Quality, DHHS
and U.S. Point of Contact for the Health Committee – *Current Point of Contact*

Jo Ivey Boufford, M.D., Principal Deputy Assistant Secretary for Health, DHHS, and
U.S. Point of Contact for the Health Committee

Linda Vogel, Director, Office of International and Refugee Health, DHHS, and
U.S. Point of Contact for the Health Committee

Executive Secretariat

Current Members

Thomas E. Novotny, M.D., M.P.H., Director, Office of International and Refugee Health

Peter H. Henry, Ph.D., Director, Office for Europe and the NIS, Office of International and Refugee Health

Erika Elvander, International Program Officer, Office for Europe and the Newly Independent States, Office of International and Refugee Health

Dennis Curry, First Secretary, Office of Environment, Science and Technology, U.S. Embassy

Olga Borisova, Ph.D., Scientific Affairs Specialist, Environment, Science and Technology Section, U.S. Embassy

Kerry Pelzman, Director, Office of Health, U.S. Agency for International Development, Russia

George Oswald, Health Industry Specialist, U.S. Agency for International Development, Russia

Paul Holmes, Senior Health Advisor, Europe and Eurasia Bureau, United States Agency for International Development

Robert J. Baldwin, Associate Director for Global Health, Centers for Disease Control and Prevention

Deborah Queenan, International Officer, Agency for Healthcare Quality and Research

Natalie Tomitch, International Health Program Officer, Russia and the Newly Independent States, Division of International Relations, Fogarty International Center

Past Members:

Terrance Tiffany, Director, Office of Environment and Health, United States Agency for International Development, Moscow

Constance Carrino, Ph.D., Director of the Office of Social Sector Restructuring, United States Agency for International Development, Moscow

John Zimmerman, Science Counselor, U.S. Embassy

Mingchen Keller, Attache, Environment, Science and Technology Section, U.S. Embassy

Phillip Budashewitz, Policy Coordinator, Executive Secretariat, DHHS

Rebecca Copeland, U.S. Agency for International Development, Russia

Area Leads

Access to Quality Health Care

John M. Eisenberg, M.D., M.B.A., Director, Agency for Healthcare Research and Quality

-- *Current Area Lead*

Alcohol and Drug Abuse

Enoch Gordis, M.D., Director, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health

Peggy Murray, Coordinator, International Research and Training Program, National Institute

on Alcohol Abuse and Alcoholism, National Institutes of Health
Nelba Chavez, Ph.D., Administrator, Substance Abuse and Mental Health Services
Administration

Alan Leshner, Ph.D., Director, National Institute on Drug Abuse

M. Patricia Needle, Ph.D., Director, International Program, National Institute on Drug Abuse

Camille Barry, Ph.D., Deputy Director, Center for Substance Abuse Treatment, Substance
Abuse and Mental Health Services Administration

Joseph Autry III, Ph.D., Director, Division of Workplace Programs, Substance Abuse and
Mental Health Services Administration

Cardio-vascular Disease

Lloyd Kolbe, Ph.D., Director, Division of Adolescent and School Health, National Center for
Chronic Disease Prevention and Health Promotion, Centers for Disease
Control and Prevention

Becky Lankenau, National Center for Chronic Disease Prevention and Health Promotion,
Centers for Disease Control and Prevention

Ruth Hegyeli, M.D., Associate Director for International Programs, National Heart Lung and
Blood Institute, National Institutes of Health

Diabetes

Frank Vinicor, M.D., Director, Diabetes Translation Division, Centers for Disease
Control and Prevention

Health Education and Promotion

James Harrell, Director, Office of Disease Prevention and Health Promotion, DHHS

Lloyd Kolbe, Ph.D., Director, Division of Adolescent and School Health

Jeanne Jehl, Special Assistant to the Assistant Secretary for Elementary and Secondary
Education, Department of Education

Patricia Kuntze, Deputy Director, Office of Consumer Affairs, Food and Drug Administration

Health Reform and Policy Dialogue

Clifton Gaus, M.D., Administrator, Agency for Health Care Policy and Research

John M. Eisenberg, M.D., M.B.A., Administrator, Agency for Healthcare Research and
Quality

Mental Health

Darrel Regier, M.D., M.P.H., formerly Associate Director, National Institute for Mental
Health, currently, Deputy Medical Director and Director, Office of Research, American
Psychiatric Association

David Lozovsky, M.D., Ph.D., D. Sc. Senior Science Advisor, Office of the Director,
National Institutes of Mental Health

Strengthening Primary Care Practice

Marc Rivo, M.D., Director, Division of Medicine, Health Resources Services Administration

Enrique Hernandez, M.D., Director, Division of Medicine, Health Resources Services
Administration

Control and Prevention of Infectious Diseases

James LeDuc, Ph.D., Acting Director, Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention -- *Current area co-lead*
Helene Gayle, M.D., M.P.H., Director, National Center for HIV, STDs and TB Prevention, Centers for Disease Control and Prevention
Stephen C. Hadler, M.D., Director, Epidemiology and Surveillance Division, Center for Disease Control and Prevention
Elaine Esber, M.D., Associate Director for Medical and International Affairs, Food and Drug Administration

HIV/AIDS and STDs

Anna Shakarishvili, M.D., Division of STD Prevention, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention
Caroline Ryan, M.D., Associate Director for International Affairs, Division of STD Prevention, Centers for Disease Control and Prevention – *Current Area Lead*

Tuberculosis

Alan Hinman, M.D., Assistant Surgeon General, and Senior Advisor to the Director, Centers for Disease Control and Prevention
Kenneth G. Castro, M.D., Director, Division of Tuberculosis Elimination, Centers for Disease Control and Prevention
Richard O'Brien, M.D., Chief, REB, Division of Tuberculosis Elimination, Centers for Disease Control and Prevention
Nancy J. Binkin, M.D., Associate Director for International Activities, Division of Tuberculosis Elimination, Centers for Disease Control and Prevention – *Current sub-area Lead*

Maternal and Child Health

Terrance Tiffany, Director, Office of Environment and Health, United States Agency for International Development, Moscow
Constance Carrino, Ph.D., Director of the Office of Social Sector Restructuring, United States Agency for International Development, Moscow
Kerry Pelzman, Chief, Health Division, United States Agency for International Development, Moscow – *Current Area Lead*

Environmental Health

Anthony Rock, Director, Technical Competitiveness and Health, Department of State
Peter Henry, Ph.D., Director, Office for Europe and the NIS, Office of International and Refugee Health
Henry Falk, M.D., Director, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention

Richard Jackson, M.D., Director, National Center for Environmental Health,
Centers for Disease Control and Prevention

Carol Rubin, D.V.M., Acting Chief, Health Studies Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention

Joseph Carra, Deputy Director, Office of Pollution Prevention and Toxics, Environmental Protection Agency

Gary Waxmonsky, Ph.D., Executive Secretary, U.S. – Russia Environmental Agreement, Environmental Protection Agency

Micronutrient Malnutrition

Dayton Miller, Ph.D., Chief, Nutritional Biochemistry Branch, National Center for Environmental Health, Centers for Disease Control and Prevention

Medical Technology Transfer

Mary Pendergast, J.D., Deputy Commissioner, Food and Drug Administration

Philip Budashewitz, Executive Secretariat, Department of Health and Human Services

Ellis Mottur, Deputy Assistant Secretary for Technology and Aerospace Industries, Department of Commerce

Michael Copps, Deputy Assistant Secretary for Basic Industries, Department of Commerce

Jeff Gren, Director, Office of Microelectronic, Medical Equipment and Instrumentation, Department of Commerce

Stuart Keitz, Director, Pharmaceutical and Biotechnology Division, International Trade Administration, Department of Commerce

For the Russian Federation

Current Minister of Health: Yuri Shevchenko, M.D., D.Sc.

Former Ministers of Health of Russia:

Edward Nechayev, M.D. (1st and 2nd Meeting)

Aleksandr Tsaregorodtsev M.D., (3rd and 4th Meeting)

Tatyana Dmitrieva M.D., (5th-7th Meeting)

Oleg Rutkovsky, M.D.

Vladimir Starodubov M.D., Acad. (8th Meeting)

Vice Chairs:

Alexander Tsaregorodtsev, M.D., Deputy Minister of Health (1st and 2nd Meeting)

Vladimir Kocherovets, M.D., Deputy Minister of Health (1st Meeting)

Victor Cherepov, M.D., Director, Office of Health Care and Medical Industry, Department of Labor, Health and Social Protection (1st - 6th Meeting)

Alexei Vilken, M.D., Deputy Minister of Health (4th – 6th Meeting)

Vladimir Starodubov, M.D., Acad., Deputy Minister of Health (7th Meeting)

Anatoly Vyalkov, M.D., Ph.D., Deputy Minister of Health (8th Meeting)

Committee Members:

Tamara Dolgoplova, M.D., Director, Department of Pharmaceutical and Medical Equipment Procurement, Ministry of Health

Yuri Isakov, M.D., Vice President, Russian Academy of Medical Sciences

Ramil Khabriev, M.D., Chief, Inspection of State Control of Pharmaceuticals and Medical Technology
Vladimir Kulakov, M.D., Director, Research Center for Obstetrics, Gynecology and Perinatology, Russian Academy of Medical Sciences

Maria Lazutova, M.D., Deputy Minister of Education

Anatoly Monisov, M.D., Director, Department of Sanitarian-Epidemiological Surveillance, Ministry of Health

Gennady Onischenko, M.D., Deputy Chairman, State Committee on Sanitarian-Epidemiological Surveillance, later First Deputy Minister of Health

Anatolij Osadchih, M.D., Deputy Minister of Social Protection

Mikhail Sapovski, M.D., Director, Department of Pharmaceuticals and Medical Equipment Procurement, Ministry of Health

Yuri Savvin, M.D., Deputy Director, Principal Department of Military Medicine, Ministry of Defense

Yuri Veltishev, M.D., Director, Institute of Pediatrics and Child Surgery

Valerij Vlasenko, M.D., First Deputy Director, Federal Department of Biomedical Research and Disaster Medicine, Ministry of Health

Secretariat:

Nikolai Fetisov, M.D., Chief, Department of External Relations, Ministry of Health –

Current Executive Secretary

Michael Saveliev, M.D., Chief, Department of International Relations, Ministry of Health

Victor Lykov, M.D., Department of International Relations, Ministry of Health

Alexei Savinykh, M.D., Deputy Head, Department of Legislation and International Cooperation,
State Committee on Sanitarian-Epidemiological Surveillance

Dmitry Orlov, M.D., Chief, Department of International Scientific Relations, Russian Academy of
Medical Sciences

Area Leads and sub-leads:***Access to Quality Health Care***

Anatoly Vyalkov, M.D., Ph.D., Deputy Minister of Health –*Current Area Lead*

Igor Denisov, M.D., Acad., Vice Rector, Moscow Medical Academy –

Current Primary Care sub-area lead

Vladimir Starodubov, M.D., Acad., Director, Central Research Public Health Institute,
Ministry of Health

Yuri Komarov, M.D., Former Director, MedSocEconInform; currently, Deputy-Director for
Science, Ministry of Railway Transport

Alcohol and Drug Abuse

Vladimir Egorov, M.D., Director, Addiction Research Institute, later – Chief Narcologist,
Ministry of Health

Edwin Zwartau, M.D., Professor, Pavlov Medical University

Galina Marinicheva, M.D., Professor, Moscow Institute of Psychiatry

Cardiovascular Disease

Igor Glasunov, M.D., National Center for Preventive Medicine (NCPM), Divisions of Policy
and Strategy Development for NCD Prevention

Diabetes

Aleksandr Ametov, M.D., Head, Department of Endocrinology, Russian Post-Graduate
Medical Academy

Ivan Dedov, M.D., Acad., Director, Endocrinology Center, Russian Academy of Medical
Sciences

Health Education and Promotion

Vladimir Polesskiy, M.D., Ph.D., Director, Federal Research Institute of Medical Problems
of Health Formation

Health Reform and Policy Dialogue

Yuri Komarov, M.D., Former Director, MedSocEconomInform; currently, Deputy-Director for Science, Ministry of Railway Transport

Mental Health

Zurab Kekelidze, M.D., D.Sc., Deputy Director, Serbskiy Center for Social and Forensic Psychiatry

Valery Krasnov, M.D., D.Sc., Moscow Institute of Psychiatry

Strengthening Primary Care Practice

Anatolii Demenkov, M.D., Director, Department of Medical Care, Ministry of Health

Alexei Karpeev, M.D., Director, Department of Medical Care, Ministry of Health

Vladimir Starodubov, M.D., Acad., Deputy Minister of Health

Control and Prevention of Infectious Diseases

Alexander Ivanov, M.D., Director, Department of Sanitarian-Epidemiological Surveillance, Ministry of Health – *Current Area Lead*

Mikhail Narkevich, M.D., Head, Office of HIV/AIDS Prevention, Department of Sanitarian Epidemiological Surveillance, Ministry of Health

Arkady Yassinsky, M.D., Chief, Department of Targeted Programs, State Committee on Sanitarian-Epidemiological Surveillance

HIV/AIDS and STIs

Alexander Goliusov, M.D., Head, Office of HIV/AIDS Prevention, Ministry of Health
--*Current Area Lead*

Lilia Tikhonova, M.D., Chief STD Specialist, Ministry of Health

Konstantin Borisenko, M.D., President, Russian Association Against STDS, “SANAM”

Tuberculosis

Mikhail Perelman, M.D., Acad., Director, Research Institute of Phtisiopulmonology –
Current Area Lead

Aleksei Primyak, M.D., Director, Research Institute of Phthisiopulmonology

Maternal and Child Health

Alexander Korsunsky, M.D., Head, Department of Maternal and Child Health, Ministry of Health
Current Area Lead

Vladimir Kulakov, M.D., Director, Center for Obstetrics, Gynecology, and Perinatology, Russian Academy of Medical Sciences

Dina Zelinskaya, M.D., Director, Department of Maternal Child Health Protection, Ministry of Health

Environmental Health

Gennady Onischenko, M.D., Deputy Chairman, State Committee on Sanitarian-Epidemiological Surveillance

Sergei Ivanov, M.D., Deputy Director, Department of Sanitarian-Epidemiological Surveillance, Ministry of Health

Micronutrient Malnutrition

Loudmila Goultchenko, M.D., Deputy Director, Department of Sanitarian-Epidemiological Surveillance, Ministry of Health

Medical Technology Transfer

Alexei Vilken, M.D., Deputy Minister, Ministry of Health

Key Organizations involved in the U.S.--Russia Health Committee

C *U.S. Government:*

- *U.S. DHHS (US Department of Health and Human Services):* AHRQ (Agency for Healthcare Research and Quality); CDC (Centers for Disease Control and Prevention); including NCCDPHP (National Center for Chronic Disease Prevention and Health Promotion); NCEH (National Center for Environmental Health); NCHS (National Center for Health Statistics); NCHSTP (National Center for HIV, STDs, and TB Prevention); NCID (National Center for Infectious Diseases); OGH (Office of Global Health); FDA (Food and Drug Administration); NIH (National Institutes of Health) including FIC (Fogarty International Center); NIAAA (National Institute on Alcoholism and Alcohol Abuse); NIDA (National Institute on Drug Abuse); NIMH (National Institute on Mental Health); NHLBI (National Heart Lung and Blood Institute); ODPHP (Office of Disease Prevention and Health Promotion); OIRH (Office of International and Refugee Health); SAMHSA (Substance Abuse and Mental Health Services Administration)
- *Other U.S. Government:* Department of Commerce; Department of State; Environmental Protection Agency; NIST (National Institute of Standards of Technology); U.S. Embassy-Moscow; US Agency for International Development; US Department of Agriculture; US Information Agency/US Information Service;

C *U.S. Universities:* Baylor College of Medicine; Houston; Texas; Boston University Center for International Health (BU/CIH); Duke University; Emory University/ Rollins School of Public Health; Johns Hopkins University/Center for Communication Programs (JHU/CCP); Johns Hopkins University/Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO); Magee Hospital Pittsburgh; UNC-Chapel Hill Schools of Public Health and Medicine; San Diego State University; University of Arkansas for Medical Sciences; University of California-San Francisco School of Medicine; University of Kentucky; University of Kentucky Center for Excellence for Rural Health; University of Minnesota School of Public Health; University of New Mexico School of Medicine; University of Osteopathic Medical and Health Sciences; University of Pittsburgh School of Medicine; University of Wisconsin School of Medicine; Virginia Medical College; Richmond;

C *U.S. and International NGOs:* Alliance for Prevention of Child Lead Poisoning; American College of Physicians (ACP); American Institute of Baking; American International Health Alliance (AIHA); American Medical Association (AMA); AVSC International; BASICS; Family Health International (FHI); Institute for Health Policy Analysis (IHPA); International Council for the Control of Iodine Deficiency Disorders (ICCIDD); International Life Sciences Institute (ILSI); John Snow, Inc. (JSI); Kiwanis International; Management Sciences for Health (MSH) Rational Pharmaceuticals Management Project (RPM); Micronutrient Initiative; Opportunities for Micronutrient Interventions (OMNI); Population Council; Population Services International (PSI);

Program Against Micronutrient Malnutrition (PAMM); Project SUSTAIN; Salt Institute; Sister Cities International; U.S. Wheat Consortium; University Research Corporation Quality Assurance Project; American College of Physicians; Open Society Institute; LaCrosse International Partnership; United States Pharmacopeia;

- C *U.S. State and Regional Health Departments, Medical Centers and Health Systems involved through the AIHA partnerships:* Appleton Medical Center and Theda Clark Hospital; Brigham and Womens' Hospital, Boston; Central Iowa Health System; Fransiscan Health System; Gundersen Lutheran Health System; Houston Department of Health; Iowa Department of Public Health; Kentucky Department of Health; Los Alamos Medical Center; Multicare Health Systems of Tacoma, Washington; Premier, Inc.; Sacred Heart-Saint Mary's Hospitals, Inc., Rhinelander, Wisconsin; State of New Mexico Department of Health; Texas Medical Center;
- C *U.N. Agencies:* UNAIDS; UNICEF Moscow; UNICEF New York; World Health Organization (WHO);
- C *U.S. and International Industry:* Bristol-Myers Squibb; Burson Marsteller Moscow; Coca-Cola Company; Coca-Cola Export Company Moscow; Colgate-Palmolive Co.; Eli Lilly and Company; G.D. Searle & Company; H.J. Heinz Company of Canada; H.J. Heinz Moscow; Nestle Food LLC Moscow;

C *Russian Government:*

- *Ministry of Health:* Russian Center for Pharmaceutical and Medical Technical Information (PHARMEDINFO);
- *State Committee on Sanitarian Epidemiological Surveillance (until 1996);*
- *Scientific Research Centers and Institutes of the Ministry of Health:* Russian Public Health Institute; Institute of Biophysics; Institute of Dentistry; Institute of Hygiene and Prevention of Diseases of Children and Adolescents; Institute of Phthysiopulmonology; Institute of Skin and Venereal Diseases; Moscow Institute of Psychiatry; Srbsky Center for Social and Forensic Psychiatry;
- *Russian Academy of Medical Sciences:* Center for Preventive and Curative Nutrition in Tyumen; Research Center of Endocrinology; Central TB Research Institute (CTRI); Research Center of Endocrinology; Scientific Research Institute of Human Ecology and Environmental Health; Scientific Research Institute of Nutrition (Moscow);
- *Other Agencies:* All-Russian Center for Public Opinion and Market Research (VCIOM); All-Russian Center of Radiation and Emergency Medicine; Ministry of Agriculture and Food Products; Ministry of Emergency Situations; Ministry of Education; Ministry of Science and Technology; Moscow City Duma; State Committee on Environmental Protection;

- C *Russian Medical Education Institutions:* Chita State Medical Academy; Dubna University; Pavlov Medical Academy; Perm Medical State Academy; Sechenov Moscow Medical Academy; St. Petersburg Medical Academy named after I.I. Mechnikov; Volgograd Medical University;

- C *Russian Associations/NGOs:* AIDS Infoshare; Association of International Pharmaceutical Manufacturers (AIPM/Russia); Association No to Violence (ANNA); Association of Salt Manufacturers (Saltprom); FOCUS; International Foundation for Mother and Child Care; Medicine for You; Russian Medical Association (RMA); Russian Public Health Association (RPHA); SANAM; Say No to Alcohol and Drugs “NAN”;

- C *Russian Industry:* Alpha Med; MDT Company; Dietproduct; Rostov Yeast Factory; Svoboda Association;

- C *Associations and Societies involved through the AIHA partnerships:* Clark Memorial Hospital, Jeffersonville, Indiana; Fox Cities-Kurgan Sister Cities; Georgia Baptist Health System in Atlanta; Hospital Infection Prevention and Quality Assessment (INQUAL); Iowa Hospital Education and Research Foundation; Iowa Sister Cities; Jacksonville Sister Cities Association; Jewish Hospital Health Care Services; New England Chapter of the Association of Professionals in Infection Control and Epidemiology (APIC); Society Healthcare Epidemiology of America (SHEA)

- C *Other Organizations:* Finland National Research and Development Center for Welfare & Health; Medecins San Frontiers; Open Society Institute; U.S. Chamber of Commerce; World Bank

U.S. Russia Health Committee Timeline

- Jan 94 U.S. and Russian Governments sign a new agreement “On Cooperation in the Fields of Public Health and Biomedical Research.”
- June 94 Vice President Gore and Prime Minister Chernomyrdin agree to include a Health Committee under the U.S. Russia Binational Commission on Economic and Technological Cooperation
- Dec 94 1st Health Committee Meeting held in Moscow. Eight Priority Areas established, including Diabetes, Environmental Health, Health Reform and Policy Dialogue, Strengthening Primary Care Practice, Health Education and Promotion, Maternal and Child Health, and the Control and Prevention of Infectious Disease
- Minister Nachaev and Secretary Shalala agree to chair the Committee;
 Carol Lancaster, Deputy Administrator for USAID is named Vice-Chair
- June 95 2nd Meeting of Health Committee -- Moscow, Russia
- Oct 95 Russian Minister of Health Nachaev visits the US
- Jan 96 3rd meeting of Health Committee, Bethesda, Maryland
- Alexander Tsaregorodtsev represents Russia as the new Minister of Health.
- May 96 “Medicine for You” Exhibit in Moscow
- July 96 4th meeting of Health Committee, Moscow, Russia
- Sally Shelton-Colby introduced as American vice-chair of Committee
- Feb 97 5th meeting of Health Committee, Bethesda, Maryland
- Tatiana Dmitrieva introduced as the new Russian Minister of Health
- mental health added as a priority area
- micronutrient malnutrition is made a sub-area of maternal and child health
- Sep 97 6th meeting of the Health Committee, Moscow, Russia

two priority areas -- "Strengthening Primary Care Practice" and "Health Reform and Policy Dialogue" are merged into "Access to Quality Care"

tuberculosis is subordinated into infectious disease

blood lead testing equipment demonstrated on Vice President Gore and Prime Minister Chernomyrdin at Commission meeting

Mar 98 7th meeting of the Health Committee, Washington, DC

May 98 Oleg Rutkovsky appointed as Minister of Health

Aug 98 Vladimir Starodubov appointed as Minister of Health

Mar 99 8th Health Committee Meeting, Washington, DC

Dr. Starodubov is the Russian co-chair of the meeting; priority areas are reduced to three -- Control and Prevention of Infectious Diseases, Maternal and Child Health, and Access to Quality Health Care, with the understanding that there will be small, miscellaneous projects also connected with the Health Committee

U.S. Russia Agreement on Health Cooperation renewed for five more years

July 99 Yuri Leonidovich Shevchenko is appointed Minister of Health; Dr. Starodubov becomes Director General of a new Center, which is the result of the merging of Russian Public Health Institute and Ministry of Health Information Center

Nov 99 Mid-term review of Health Committee Activities, Washington, DC

July 00 9th Health Committee Meeting, Moscow, Russia

Minister Shevchenko and Secretary Shalala chair the meeting; Carol Peasley, Minister Counselor and Director, United States Agency for International Development, Russia, serves as co-chair

Resources from the U.S.- Russia Collaboration

(As of June, 2000)

<i>Topic</i>	<i>Description</i>	<i>Language</i>	<i>Contact Information</i>	<i>Web-address</i>
Alcohol Abuse and Alcoholism	Partners in Prevention Curriculum, published in Russian and English, May, 2000 (for Project Northland)	R, E.	Margaret Murray, National Institute of Alcoholism, and Alcohol Abuse (NIAAA) (pm76k@nih.gov)	
Alcohol Abuse and Alcoholism	Medical Education Model For the Prevention and Treatment of Alcohol Use Disorders, May 1998	R, E	Margaret Murray, National Institute of Alcoholism, and Alcohol Abuse (NIAAA) (pm76k@nih.gov)	
Asthma	Global Initiative for Asthma (GINA)	R, E	Ruth Johnsson Hegyeli, M.D., Associate Director of International Programs, National Heart, Lung and Blood Institute rh41b@NIH.GOV	http://www.ginasthma.com
Cardiovascular Health	Children and Adolescent Trails for Cardiovascular Health (CATCH)	E	Ruth Johnsson Hegyeli, M.D., Associate Director of International Programs, National Heart Lung, and Blood Institute rh41b@NIH.GOV	http://www.tmc.tulance.edu http://www.esc19.k12.tx.us
Cardiovascular Health	CINDI Materials	R,E		
Drug formularies	1) Ryazan oblast Clinical Hospital Drug Formulary Manual (RPM); Ryazan, 1997 2) Novgorod oblast Drug Formulary Manual (RPM); Second Edition, Novgorod, 1998 3) Pskov oblast Drug Formulary Manual (RPM), Pskov, 1998	R	Kirill Burimski, Elena Ushkalova, Rational Pharmaceutical Management Project (RPM), US Pharmacopeia, frmdin@dol.ru	
Drug guidelines	Guidelines on Antimicrobial Therapy, Moscow (2000) (20,000 copies printed)	R	RPM/USP (Russian partner TB confirmed: PharmMedInfo)	

Resources from the U.S.- Russia Collaboration

(As of June, 2000)

<i>Topic</i>	<i>Description</i>	<i>Language</i>	<i>Contact Information</i>	<i>Web-address</i>
Environmental Health	<u>Lead in the Environment and Human Health: Five years of American-Russian Collaboration, 1995-1999</u> , (booklet)	R, E	Robert W. Porter, Measure Communication Academy for Educational Development rporter@smtp.aed.org	
Environmental health	Booklet: Lead in the Environment and Human Health: five years of American-Russian Collaboration, 1995-1999 (2000)	R, E	Robert W. Porter, Measure Communication, Academy for Educational Development, Rporter@smtp.aed.org	
Health Partnerships	Products from the AIHA partnerships	R. E.	Dave Sturgill, American International Health Alliance, dsturgill@aiha.com	http://www.aiha.com/
Health statistics	1996 Russia Women's Reproductive Health Survey: A Study of Three Sites (final report: May 1998)	R, E	Howard Goldberg, US Centers for Disease Prevention and Control (CDC), hig1@cdc.gov ; Valentina Bodrova, VCIOM	
Health statistics	1999 Russia Women's Reproductive Health Survey: A Follow-up of 3 Sites (preliminary report: March 2000)	R, E	CDC, VCIOM	
Health statistics	Reports: Russian Household Health Expenditure Survey, 1997 and 1998	R, E	Frank Feeley, Project Director, Boston University Center for International Health (BU), ffeeley@bu.edu	
Hypertension	Guideline developed from the Quality Assurance Program (QAP)	R, E	Anna Korotkova, M.D., Senior Researcher, Center for Health Policy and Research Institute annakor@ropnet.ru M. Rashad F. Massoud, M.D. , Director, Quality Assurance Program, University Research Corporation	

Resources from the U.S.- Russia Collaboration (As of June, 2000)				
<i>Topic</i>	<i>Description</i>	<i>Language</i>	<i>Contact Information</i>	<i>Web-address</i>
			(rmassoud@urc-chs.com)	
Hypertension	Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure	E	Ruth Hegyeli, M.D., Associate Director for International Programs, National Heart, Lung, and Blood Institute rh41b@NIH.GOV	http://www.nhlbi.nih.gov/guidelines/hypertension/jncintro.htm
Infectious Diseases	Profile of Infectious Diseases: Russian Federation and U.S.A., 1994, MMWR	R,E	A.A. Monisov, Russian Ministry of Health Robert J. Baldwin, Office of Global Health, CDC, RJB4@cdc.gov	www.cdc.gov
Infectious Diseases - STDs/HIV	1998 CDC Guidelines for Treatment of Sexually Transmitted Diseases, MMWR 1998; 47 (No. RR-1). Translated and published by SANAM Association, 1998. 1990 CDC STD Case Definitions for Public Health Surveillance (MMWR 1990; 39 (No.RR-13)) Report of the First Joint Russia/US Workshop on STD Prevention, Moscow, April 1998 Manual for the Training Workshop "Epidemiologic Approach to STD and HIV Prevention and Reproductive Health" held in Moscow, November, 1998	R, E R, E R, E R	Caroline Ryan, MD, MPH - Division of STD Prevention, CDC cgr8@cdc.gov Anna Shakarishvili, MD - - Division of STD Prevention, CDC afs9@cdc.gov Lilia Tikhonova, MD - Russian MOH and Russian Association "Sanam" 2354.g23@g23.relcom.ru	1) http://www.cdc.gov/nchstp/dstd/1998 STD Guidelines/1998 guidelines for the treatment.htm (English version only) 2) http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00047449.htm (English version only)
Infectious Diseases/ HIV/AIDS	Condom promotion posters: "Okay" and "Safe Sex" (50,000 each printed)	R	Cynde Robinson, Country Representative, Population Services International (PSI), cynde@psi.msk.ru	
Infectious Diseases/	Brochures targeted to youth: Reproductive health, condom use (50,000 each printed)	R	PSI	

Resources from the U.S.- Russia Collaboration				
(As of June, 2000)				
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HIV/AIDS				
Infectious Diseases/ HIV/AIDS	Newsletter by and for injecting drug users: "Dose of Reason" (5,000 printed)	R	PSI	
Infectious Diseases/ HIV/AIDS	Video of MTV version of World AIDS Day Concert "Russian Youth Against AIDS" (December, 1999) (42 million viewers reached)	R	PSI	
Infectious Diseases/ HIV/AIDS	Study of sexual behavior of male commercial sex workers in Moscow (November 1999)	R, E	PSI	
Infectious Diseases/ HIV/AIDS	Study of intravenous drug users (IVDUs) in Saratov oblast (February 2000)	R, E	PSI	
Infectious Diseases/ HIV/AIDS	Condom availability assessment (February 2000)	R, E	PSI	
Infectious Diseases/ HIV/AIDS	Study of sexual behavior of female commercial sex workers in Saratov (pending)	R, E	PSI	
Infectious Diseases/ HIV/AIDS	Study of youth's sexual behavior in Saratov (pending)	R, E	PSI	
Legal/ regulatory	Conceptia	R	BU	
Lipid Research Clinics	The <i>Lipid Research Clinic Populations Studies</i> are to provide improved information on the prevalence of hyperlipidemia and hyperlipoproteinemia and on their determinants and sequelae. The studies consist of a Prevalence Study, a Family Study and Mortality Follow-up Study.	R, E	Ruth Johnsson Hegyeli, M.D. , Associate Director of International Programs, National Heart, Lung, and Blood Institute (HegyeliR@nih.gov)	
Micronutrient	Anemia Survey in Ivanovo	E	Ibrahim Parvanta, CDC, ixp1@cdc.gov	

Resources from the U.S.- Russia Collaboration

(As of June, 2000)

<i>Topic</i>	<i>Description</i>	<i>Language</i>	<i>Contact Information</i>	<i>Web-address</i>
Malnutrition	Basic Water Fluoridation Training Manual	R, E	Kit Shaddix, CDC, kas9@cdc.gov	
	Engineering and Administrative Recommendations for Water Fluoridation	R, E	Kit Shaddix, CDC, kas9@cdc.gov	
	Lecture scripts and slides (about 300 slides) on water fluoridation engineering	R, E	Kit Shaddix, CDC, kas9@cdc.gov	
	Resolution of the Feb 3-4 conference "Elimination of Micronutrient Malnutrition in the Russian Federation" Signed Feb 5, 1997 in Washington DC	R, E	Kit Shaddix, CDC, kas9@cdc.gov	
	Resolution of the International Conference: "State Healthy Nutrition Policy: Elimination of Micronutrient Malnutrition in the Russian Federation" Moscow, Russia February 29, 2000.	R, E. ??	Dayton Miller, CDC, dtm1@cdc.gov	
	A policy paper - The Catalytic Role of the Gore-Chernomyrdin Commission in the Effort to Eliminate Iodine Deficiency in the Russian Federation" (in progress).		David Delozier, CDC, dgd0@cdc.gov	
	Draft Report from a workshop "Human Selenium Deficiency and Approaches to Intervention: The problem of overcoming selenium deficiency in the Russian Federation" Tyumen and Moscow, Russia June 16-19, 1998		Barbara Bowman, CDC, bbb8@cdc.gov	
	Report on USIA Study Tour "Nutrition and Public Health: A Freedom Support Project for Russia" March 30 – April 12, 1998		Dayton Miller, CDC, dtm1@cdc.gov	

Resources from the U.S.- Russia Collaboration				
(As of June, 2000)				
<i>Topic</i>	<i>Description</i>	<i>Language</i>	<i>Contact Information</i>	<i>Web-address</i>
	(numerous decrees, reports & presentations, meeting reports, etc. I just didn't have time to pull together)			
Pregnancy Induced Hypertension (PIH)	Guideline developed from the Quality Assurance Program	R, E	<p>Anna Korotkova, M.D., Senior Researcher, Center for Health Policy and Research Institute (annakor@ropnet.ru)</p> <p>M. Rashad F. Massoud, M.D. , Director, Quality Assurance Program, University Research Corporation (rmassoud@urc-chs.com)</p>	
Primary Care / Depression	<p>Harold I Kaplan, Benjamin J Sadock. <u>Pocket Handbook on Clinical Psychiatry</u></p> <p><u>Depression in Primary Care, vol. 1, Clinical Practice Guidelines</u></p> <p><u>Composite International Diagnostic Interview 2.1</u> (CIDI 2.1). (Structured diagnostic instrument for mental disorders). Paper and Pencil version</p> <p><u>Composite International Diagnostic Interview 2.1</u> (CIDI2.1). Computer assisted version</p> <p>R. Spitzer. Prime MD. (Structured diagnostic interview for major depression)</p> <p>W. Katon et al. <u>How medication can help.</u> (Educational material for patients and their relatives).</p> <p>W. Katon et al. <u>Planning to feel better.</u> (Educational</p>	<p>R, E</p> <p>R, E</p> <p>R, E</p> <p>R, E</p> <p>R, E</p> <p>R, E</p> <p>R, E</p>	<p>For all documents: In the U.S.: David B. Lozovsky, M.D., Ph.D. Senior Science Adviser, National Institute of Mental Health, dlozovs@nih.gov</p> <p>In Russia: Professor Valery N. Krasnov, Director, Moscow Research Institute of Psychiatry of the Ministry of Health of Russia, krasnov@mtu-net.ru</p>	

Resources from the U.S.- Russia Collaboration

(As of June, 2000)

<i>Topic</i>	<i>Description</i>	<i>Language</i>	<i>Contact Information</i>	<i>Web-address</i>
	material for patients and their relatives) A Beck and P. Greenberg. <u>How to cope with depression</u> (Educational material for patients and their relatives).	R, E		
Primary Care Standards and Training Modules	American International Health Alliance (AIHA) has an inventory of primary care products it U.S.-Russian partners have developed over several years.	R, E	Dave Sturgill, Infomration Associate, AIHA (dsturgill@igc.org)	http://www.aiha.com
Public Health Practice	"Disease Prevention and Health Promotion" Journal	R		
Quality	Health Care Quality Glossary (1999) - Lexicon of common quality terms to facilitate U.S.-Russian collaborative research on clinical quality improvement. Continuing Quality Improvement (CQI) Guide (2000) - Textbook for quality management.	R, E R	Anna Korotkova, M.D., Senior Researcher, Center for Health Policy and Research Institute (annakor@ropnet.ru) M. Rashad F. Massoud, M.D. , Director, Quality Assurance Program, University Research Corporation (rmassoud@urc-chs.com) Gregg S. Meyer, M.D., Director, Center for Quality Measurement and Improvement, Agency for Healthcare Research and Quality (AHRQ) (gmeyer@ahrq.gov)	http://urc-chs.com/pdf/qap/countryrpts/glossary.p df http://www.ahrq.gov
Reproductive health	Wall-chart on contraceptive methods	R, E	Michele Berdy, Moscow Representative, Johns Hopkins University, Center for Communication Programs (JHU/CCP), maberdy@glasnet.ru	
Reproductive	Public-service announcements for television (seven)	R	JHU/CCP	

Resources from the U.S.- Russia Collaboration (As of June, 2000)				
<i>Topic</i>	<i>Description</i>	<i>Language</i>	<i>Contact Information</i>	<i>Web-address</i>
health				
Reproductive health	Public-service announcements for radio (five)	R	JHU/CCP	
Reproductive health	Brochures on contraceptive methods (approximately one million printed, distributed): 1) Contraceptive methods (for adolescents) 2) Condoms 3) Injectables 4) Oral contraceptives 5) IUD	R	JHU/CCP	
Reproductive health	Guidelines on Family Planning Service Delivery	R	Johns Hopkins University, JHPIEGO (contact to follow); (Russian partner to follow)	
Reproductive health	Video for adolescents “About Love”	R	JHU/CCP	
Reproductive health	Training video on counseling skills	R	JHU/CCP	
Reproductive health	Cue-Cards (job aids for service providers) on: - Injectable contraceptives - IUD - Sympto-thermal natural method - Condoms - Post-abortion counseling - Post-partum counseling - Lactational amenorrhea method (LAM) - Sterilization -	R	JHU/CCP and Natalia Vartepetova, Resident Advisor, Women and Infant Health Project, John Snow Inc. (JSI), nvart@starnet.ru	
Reproductive health	Cue cards on: -Sexually transmitted infections -Breastfeeding -Prenatal care -Violence against women (pending)	R	JHU/CCP and Natalia Vartepetova, Resident Advisor, Women and Infant Health Project, John Snow Inc. (JSI), nvart@starnet.ru	

Resources from the U.S.- Russia Collaboration

(As of June, 2000)

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Reproductive health	<i>Population Reports</i> (journal) on: 1) Family planning counseling 2) IUDs 3) Sterilization 4) Injectable contraceptives 5) Domestic violence 6) Quality of care	R, E	JHU/CCP and Natalia Vartepetova, Resident Advisor, Women and Infant Health Project, John Snow Inc. (JSI), nvart@stamet.ru	
Respiratory Distress Syndrome (RDS)	Guideline developed from the Quality Assurance Program (QAP)	R, E	Anna Korotkova, M.D., Senior Researcher, Center for Health Policy and Research Institute annakor@ropnet.ru M. Rashad F. Massoud, M.D. , Director, Quality Assurance Program, University Research Corporation rmassoud@urc-chs.com	
Substance Abuse	Curriculum for Primary Care	R, E	Winnie Mitchell, Substance Abuse and Mental Health Services Administration (SAMSHA) Wmitchel@samhsa.gov	
Various	Curricula	R, E	See AIHA website www.aiha.com	
Vital and Health Statistics	Maternal and Child Health Statistics: Russian Federal and United States, Selected Years 1985-95	R, E	Francis Notzon, Ph.D., National Center for Health Statistics, Center for Disease Control and Prevention (CDC) fcn2@cdc.gov	